000111=01 The second of the second THE COTY TOTAL TOLLS HELD TOLLS HELD TON SHARE IN BUELA COLOR TO THE STORE

	5	1.	FOR STATE REGISTRAR		DEPART	MENT OF H	EALTH AND MEN ICATE OF DEA	NTAL HYGI	ENE REG. NO	7	9-11	131
Till and				RST	MIDOLE	l l	AST				AY YEAR	26. HOUR 2
may be page 3		(TYP)	OR PRINT)	LGA	A.	AL	AGNA		MAY 31.	1979		12:15
may po		3. SE	X	4. RACE		5 DATE C	F BIRTH		AGE (IN YEARS LAST BIRT	HOAY)	IF UNDER I YEAR	IF UNDER 24 HRS
Poge 4			Female	Whit	æ	MONTH 9	13	2L	54	YRS.	ONTHS DAYS	HOURS MIN.
2 P 2	ouce of	10. B	IRTHPLACE (STATE OR FOREIG	76. CITIZEN O	F WHAT COUNTRY?	MARRIE	NEVER MAR	RRIED [BALTIMORE CITY O		OF DEATH	
ded.	0_		Maryland		USA	WIDOWE	D DNOR	RCED 🔲	BALTIMO	RE CI	TY	MD.
ours offer dea	notified	Be	ITY OR TOWN OF DEATH	THE J	F HOSPITAL, NURSIN UCH FACILITY, GIVE STREET OHNS HOP	ADDRESS) PKINS	HOSPIT.		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Retail Sale	F WORKING LIFE) INDUSTRY	Store
ND 21 24 hours ould be no ould be	must be	13a.	AL RESIDENCE (IF NURSING STATE 136	HOME OR OTHER INSTITUTION COUNTY ALTIMORE	13t. CITY OR TOW Catonsvi		13d. INSIDE CITY	LIMITS?	13. STREET ADDRESS 722 Crosby	Road		
- CAN - 20	nine /	14. F/	ATHER'S NAME	WIDDLE	LAST		IS. MOTHER'S MA		E			
AU G 4 FOR	(x3)		Guy		eratore,	Sr.	Mary		MIDDLE	J	Riccard	ii.
MORE,	medical	16a \	WAS DECEASED EVER IN L YES, NO OF UNKNOWN) (IF	J.S. ARMED FORCES? YES, GIVE WAR OR DATES)			17 INFORMANT		ADDRE	SS		
BALTIMORE, MONRECU I 3 E I 3 E System and or appers. Pages	E		No		220-14-0	630	Joseph A	llagna	Same as	#13	_	
Hysic C B	= =		18 CAUSE OF DEATH (E PART I. DEATH WAS	nter only one cause p	er line far (a), (b), ar	nd IC	,	1	1		BETWEEN C	MATE INTERVAL ONSET AND DEATH
N - 0 50	event,			MEDIATE CAUSE (a)_	C'Ardio	1/500	oratory	Here	sL		-	
PRESTON he deoth of the attending emove corp	traumatic		1809		OR AS A CONSEOU							
e de art	trac		Conditions, if any, who gave rise to immedi	nich (b)_	Cache	rice					+	
thot the	ather			the DUE TO,	OR AS A CONSEQU		. 1					
S, 201	ō	L	PART 2 OTHER SIGNIFIC	CANT CONDITIONS	Cance		NOT BELATED TO	THE TERMIN	NAL DISEASE OR COME	DITION CIVE	NI DI DART IV	
S 24 25	ninux,	Z		CANT CONDINONS	COIVINIDO III VO TO	4	NOT RELATED TO	THE TERMIN	VAL DISEASE OR COINE	JITION GIVE	IN IN PART HE	11
ECO.	ou A	CERTIFICATION	19a DATE OF OPERATION	196 CON	DITION FOR WHICH	OPERATIO	N WAS PERFORME	ED	20a AUTOPSY?	206. IF YES,	WERE FINDIN	IGS USED
ALR on.	ows /	Ē	1.4						YES NO	IN CERTIFY YES	ING CAUSES	OF DEATH?
VIT Name of the state of the st	00 /	Ü	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS		OF INJURY A.M. MONTH D	AY YEAR	21c. HOW INJUR	RY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18, PA	RT 1 OR PART 2)	
N OF VI	Item /	CAL	(IF EITHER, NOTIFY MEDICAL EX	AMINER)	P.M.	19	, con 100					
15101	, 0	MEDICAL	21d. INJURY OCCURRED		E OF INJURY STREET, FACTORY, OFFICE, I	FARM, ETC.)	211 LOCATION STREET		CITY OR TOW	N	COUNTY	STATE
NG ING	marked		AT WORK			2-	h	7/1	3, M			
TEND!	IS II		220.1 certify that (1) (this saw the deceased a	s haspital) attended	the deceased from	79	d that in my	19		uy 1		that (1) fuer last
14 g 17 p	E 5		obave, (I) (we) (did)	(did not) view the bad	ly after death.		DEGREE	т артпап а	eath accurred on the do	re and hour	22c. DATE	
0 0 0 0			1 fer	010u	senskei	^	7/12 ATTE PHY	NDING SICIAN	DIRECTOR PHYSIC	F IAN 🗌	1-1	31/79
TO HOSPITAL retained by the TO FUNERAL IS should be detailed.	MPORTANI		THE PHYSICIAN'S NAME	21/-	enishe	14	22e ADDRESS					
BP	· ·	(BURIAL, CREMATION, REM SPECIFY) Burial	10VAL 236. DATE 6/4/7	9 N	ew Cat	hedral	MATORY	23d LOCATION CITY OR JOWN Baltimore		соинту Ма	ryland
DHMH-16 (VRA 15, 4		24. FI	NAME SOME Edmondson	zke Funer Avenue C	al Home o	f Cato	nsville yiand	JUN	rec'd, by registrar 3	25b. REGISTR	AR'S SIGNAT	URE Bready

18111-8 aroth dead a le lare The state of the s

STATE OF MARYLAND



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

1 - STATE

79-11133

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-11134

	REGISTRAR							R	EG. NO.			
	CEASED NAME	FIRST	MI	DDLE	L	AST		2a. DATE OF DE	HINOM HTA	DAY	YEAR	26 HOUR
TYPE	E OR PRINT)	Marie		F		Albre	264		5	14	79	10.4
3. SE	. Y		RACE	•	S. DATE C			6 AGE IN YEARS L	AST BIRTHDAY1	IF UNE	ER 1 YEAR	IF UNDER 2
3. 32	-		1.1		MONTH		YEAR		1 2	MONTH	DAYS	HOURS
-	remale.		M		1	30	15		G > YR			
	IRTHPLACE (STATE OR COUNTRY)	FOREIGN /	6 CITIZEN OF W	HAT COUNTRY?	MARRIE	D NEVER MAR	RIED 🗆	9. BALTIMORE C	II Y OK COU	NIT OF D	EATH	
M	Jaryland	45	U.S.	A.	WIDOWE		CED 🗌	Balti	more	CI	tvi	
10 C	ITY OR TOWN OF DE	ATH 1		OSPITAL, NURSIN		OR OTHER INSTITU	TION	12a USUAL OCC			L KIND O	F BUSINES
B	altimore		Ban Se	Cours	Hosp		100	Homemal		J	DOOTKI	
USU	IAL RESIDENCE (IF NUI			GIVE RESIDENCE BEFORE						4		
130. 3	Md.	136 COUNT	Y	13c. CITY OR TOW	N	13d. INSIDE CITY I	LIMITS?	13e. STREET ADD		0 - 12:	C+	
IA E	ATHER'S NAME			Ralto		15. MOTHER'S MA			S. Pula	ISKI	31	
1	FIRST	MI	DDLE	LAST		FIRST			ODLE		LAS	T.
	Samue		.C.	Wel	IS		tino				Du.	FRY
	WAS DECEASED EVEL YES, NO OR UNKNOWN)	R IN U.S. ARM		166 SOCIAL SECU	RITY NO.	17. INFORMANT			ADDRESS			/
	No			215-18-7	674	Charles	A. AI	brecht.	1608 5	. E1	1amo	nt St
	18 CAUSE OF DEA	TH (Enter nely	nno cauro nor l	ine for (n) (b) no	die				~ 0	1	APPROXI	MAYE INTERV
	Conditions if on	v which	1	AS A CONSEQUE	10	+ Mix	0200	me -			ya	we
	Conditions, if on gove rise to in couse to stot underlying cous	nmediate ing the se lost	(c)	AS A CONSEQUE	NCE OF	NOT RELATED TO	THE TERMI	NAL DISEASE OF	: FINEDITION:	GIVEN 198	PART	Ws-
NOI	gove rise to in couse (a), stat underlying cous	nmediate ing the se lost	(c)	AS A CONSEQUE	NCE OF	NOT RELATED TO	THE TERMI	NAL DISEASE OF	COMPONITION +	GIVEN IN	PARTER	lion
FICATION	gove rise to in couse (a), stat underlying cous	nmediate ing the le last GNIFICANT CC	DUE TO, OR (c) ONDITIONS CO	AS A CONSEQUE	ENCE OF	NOT RELATED TO		200 AUTOPSY	TOB. IF	YES, WEI	REFINDIN	GS USED OF DEATH
ERTIFICATION	gove rise to in couse (o), stot underlying couse PART 2. OTHER SIG	nmediate ing the se lost GNIFICANT CO	DUE TO, OR (c) DNDITIONS CO	AS A CONSEQUE	ENCE OF	N WAS PERFORM!	ED	200 AUTOPSY YES NO	10b. IF	YES, WEF RTIFYING YES []	REFINDIN CAUSES	4GS USED
2	gove rise to im couse (0), stot underlying couse	mmediate ing the less lost. GNIFICANT CO	DUE TO, OR (c) DIADITIONS CO 196 CONDIT	AS A CONSEQUE	DEATH BUT		ED	200 AUTOPSY YES NO	10b. IF	YES, WEF RTIFYING YES []	REFINDIN CAUSES	GS USED OF DEATH
8	gove rise to in couse (a), stot underlying couse part 2. OTHER SIG	inned intering the lost of the	DUE TO, OR (c) DIVIDITIONS CO 196 CONDIT 216. TIME OF HOUR A.M P.M	AS A CONSEQUE NTRIBUTING TO L ION FOR WHICH INJURY A. MONTH D.	DEATH BUT	N WAS PERFORMI	ED	200 AUTOPSY YES NO	10b. IF	YES, WEF RTIFYING YES []	REFINDIN CAUSES	GS USED OF DEATH
EDICAL CE	gove rise to in couse (a), stot underlying couse part 2. Other Sic 19a Date of operations of contributing (if either, notify medical injury occur	inned intering the less lost. SNIFICANT CO ATION NDERLYING CAUSE OF DEATM CREED	DUE TO, OR (c) DIABLE TO OR (d) DIABLE TO OR 196 CONDIT	AS A CONSEQUE NTRIBUTING TO L ION FOR WHICH INJURY A. MONTH D.	DEATH BUT OPERATIO AY YEAR 19	N WAS PERFORM!	ED	200 AUTOPSY YES NO ED JENTER NATURE	10b. IF	YES, WEI RTIFYING YES 1	REFINDIN CAUSES	GS USED OF DEATH
ü	PART 2. OTHER SIC	inned intering the lost of the	DUE TO, OR (c) DIABLE TO OR (d) DIABLE TO OR 196 CONDIT	AS A CONSEQUE NOTRIBUTING TO I ION FOR WHICH INJURY MONTH D. INTERPRETATION INTERPRETATI	DEATH BUT OPERATIO AY YEAR 19	N WAS PERFORMI 21c. HOW INJUR	ED	200 AUTOPSY YES NO ED JENTER NATURE	Ob. IF	YES, WEI RTIFYING YES 1	RE FINDIN CAUSES PRPART 2)	NGS USED OF DEATH NO
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EDICAL CE	gove rise to in couse (a), stot underlying couse (b), stot underlying couse (b). The couse (b) and the couse (b) and the couse (b) and the couse (b) and the couse (c) and the	mmediate ining the ing	DUE TO, OR (c) DIVITIONS CO 196 CONDIT 216 TIME OF HOUR A.N P.N 216 PLACE O (AT HOME, STRE	AS A CONSEQUE NTRIBUTING TO I ION FOR WHICH INJURY A. MONTH D. OF INJURY ET, FACTORY, OFFICE, F	OPERATIO AY YEAR 19 ARM, ETC.)	N WAS PERFORMI 21c. HOW INJUR	ED RY OCCURRI	200 AUTOPSY YES NO ED JENTER NATURE	POB. IF IN CE	YES, WEF RTIFYING YES 18, PART 1 C	REFINDIN CAUSES RPART 2)	NGS USED OF DEATH NO STA
EDICAL CE	gove rise to in couse (a), stot underlying couse (b), stot underlying couse (b). The couse (b) and the couse (b) and the couse (b) and the couse (b) and the couse (c) and the	mmediate ining the ing	DUE TO, OR (c) DNDITIONS CO 196 CONDIT 216. TIME OF HOUR A.M. 216. PLACE O (AT HOME, STRE	AS A CONSEQUE NTRIBUTING TO I ION FOR WHICH INJURY A. MONTH D. OF INJURY ET, FACTORY, OFFICE, F	OPERATIO AY YEAR APR., ETC.)	N WAS PERFORMI 21c. HOW INJUR 21f. LOCATION STREET	ED RY OCCURRI	200 AUTOPSY YES NO ED JENTER NATURE	POB. IF IN CE	YES, WEI RTIFYING YES 118, PART 1 C	REFINDIN CAUSES RPART 2)	STA
EDICAL CE	GOVE rise to in couse (o), stot underlying couse (o). Stot underlying couse (o). Stot underlying couse (o). The	mmediate ining the ing	DUE TO, OR (c) DIVITIONS CO 196 CONDIT 216 TIME OF HOUR A.N P.N 216 PLACE O (AT HOME, STRE	AS A CONSEQUE NTRIBUTING TO I ION FOR WHICH INJURY A. MONTH D. OF INJURY ET, FACTORY, OFFICE, F	OPERATIO AY YEAR APR., ETC.)	21c. HOW INJUR 21f. LOCATION STREET and that in (my) (our DEGREE	Y OCCURRI	200 AUTOPSY YES NO ED JENTER NATURE CITY , to eoth occurred or	OF INJURY IN ITEM OF TOWN' I the date and	YES, WEI RTIFYING YES 118, PART 1 C	RE(FINDINC CAUSES REPART 2) DUNTY from the	STA
EDICAL CE	gove rise to in couse (0), stot underlying couse (1) and relying c	ATION ATION DERLYING CAUSE OF DEATH CALEXAMINER) RRED WHILE OORK I) (this haspitoused alive on (did) (did not)	DUE TO, OR (c) DIVITIONS CO 196 CONDIT 216 TIME OF HOUR A.M P.M 21e PLACE CO (AT HOME, STRE	AS A CONSEQUE NTRIBUTING TO I ION FOR WHICH INJURY A. MONTH D. OF INJURY ET, FACTORY, OFFICE, F	OPERATIO AY YEAR APR., ETC.)	21t. HOW INJUR 21f. LOCATION STREET and that in (my) (our DEGREE PHY	RY OCCURRI	200 AUTOPSY YES NO ED JENTER NATURE CITY , to eoth occurred or	OF INJURY IN ITEM OF TOWN' I the date and	YES, WEI RTIFYING YES 118, PART 1 C	RE(FINDINC CAUSES REPART 2) DUNTY from the	STA
EDICAL CE	gove rise to in couse (a), stot underlying couse (b), stot underlying couse (b), stot underlying couse (b), and the couse (c),	ATION ATION DERLYING CAUSE OF DEATH CALEXAMINER) RRED WHILE OORK I) (this haspitoused alive on (did) (did not)	DUE TO, OR (c) DNDITIONS CO 19b CONDIT 21b TIME OF HOUR A.M P.M 21e PLACE O (AT HOME, STRE	AS A CONSEQUE NTRIBUTING TO I ION FOR WHICH INJURY A. MONTH D. OF INJURY ET, FACTORY, OFFICE, F	OPERATIO AY YEAR 19 ARM, ETC.)	21c. HOW INJUR 21f. LOCATION STREET and that in (my) (our DEGREE	Y OCCURRI	200 AUTOPSY YES NO ED JENTER NATURE CITY , to eoth occurred or	OF INJURY IN ITEM OF INJURY IN ITEM OF OR TOWN' I the date and STAFF PHYSICIAN	YES, WEI RTIFYING YES 118, PART 1 C	RE(FINDINC CAUSES REPART 2) DUNTY from the	STA

DHMH - 16 50M 7/77 (VR A 15 (4))

05-17-79

Woodlawn Cemetery 21229 256

Woodlawn

Baltimore

Md.

Burial PA FUNERAL DIRECTOR 21229
Hubbard Funeral Home, Inc., 4107 Wilkens Ave. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 25a. DATE REC'D.

REG. NO. 26 HOUR A00:8 IF UNDER 24 HRS IF UNDER I YEAR DAYS HOURS. MIN

BALTIMORE CITY OR COUNTY OF DEATH

Baltimore City

126, KIND OF BUSINESS OR

12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)

INDUSTRY

Retired Service Man Appliances

2724 Louise Avenue

ADDRESS

Simon

APPROXIMATE INTERVAL

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

COUNTY

20h, IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH?

STATE

MEDICAL STAFF
DIRECTOR PHYSICIAN

22c. DATE SIGNED

Moreland

Baltimore 25a. DATE REC'D. BY REGISTRAR 25b. REG

STATE COUNTY

DHMH-1650M7/77 (VRA 15 (4))

24 FUNERAL DIRECTOR

- STATE

5-18-1979 Leonard J. Ruck, Inc. 5305 Harrord Rd. Balto: Md.

MEST SHOPPEN AND SET	A CONTRACTOR	a said years	
	Francisco Tier	as infi	a fe
Wild enemiated			grenno
erited Strates in Accidence	Letines in	numb de teres	eror 217ea
SYS Locine Averne	* 1 5%	-212:5	(New Lynn)
ments.	Arm Indoucit	on Asia Chi	w-molt Y

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AND ANT COUNTY OF THE STATE OF

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME MIDDLE 2g. DATE OF DEATH 2b. HOUR (TYPE OR PRINT) Curfis Lee Jr 4 RACE 3 SEX AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH MONTH Male White April 22 1979 10 70. BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED | NEVER MARRIED BALTIMORE West Virginia U.S.A WIDOWED DIVORCED [0 ID CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY SALTIMORE BALTIMORE CITY HOSPITAL W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13a. STATE 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? W.Va. Berkelev Hedgesville YES Rt. # 1 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Allen Sr. FIRST MIDDLE Curtis Lee Karen Cole ADDRESS Route # 1 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) Curtis L. Allen Sr. Hedgesville, W.Va N/A APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one couse per line for (o), (b), and ic PART I. DEATH WAS CAUSED BY CARDIORESPIRATORY COLLAPSE IMMEDIATE CAUSE (D) DUE TO, OR AS A CONSEQUENCE OF INTRA VENTRICULAR HEMBERHAGE Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last FROSS PREMUTURITY OF DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION NEUMOTHORAX 91 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED d IN CERTIFYING CAUSES OF DEATH? YES X NOF YES TO NO [Нуві 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 23c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 220 1 certify that \$ (this hospital) attended the deceased fram FUNERAL DIRECTOR 5/2 sow the deceased alive on 5/2/79 above. (New (did) (dubrot) view the body ofter death. and that in the course stated on the date and hour and from the courses stated 22b. SIGNATURE DEGREE 22r. DATE SIGNED MEDICAL be deta e State l PHYSICIAN MPORTANT: DIRECTOR PHYSICIAN 22d PHYBICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS should b BENDER my JOHNS HOPKINS HOSPITIAL BALTIMORE 0 230. BURIAL, CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY 23b. DATE Burial May 4,1979 Rosedale Cemetery Martinsburg Berkeley W. Va 24 FUNERAL DIRECTOR ADDRESS 815 W. King STATE OD. BY DHMH - 16 50M 1/76 (VR A 15 (4)) Martinsburg, W. Va.

181-11-0 eliku elike . Za delike . . elike .

1.				1.	FOR STATE REGISTRAR			DEPARTN	CERTIF	OF MARYLAND EALTH AND MENTAL H ICATE OF DEATH		REG. NO	79	-	38
Ø	pe -	& d			CEASED NAME OR PRINT)	FIRST		MIDDLE		AST	20.	MAY 31,	1979	Y YEAR	6:45A.
	1 may	r, pag fter de		3. SE	X	TAR I	4 RACE		5. DATE C		6. A	AGE (IN YEARS LAST BIRTH	IDAY) IF	UNDER 1 YEAR	IF UNDER 24 HRS
	96	-	10 10	_	EMALE		CAUCA		11	24 19		59	YRS.		
	leath. Po	(M)	Source.	C	RTHPLACE STATE OR FO	REIGN	76 CITIZEN OF US.	MHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED	□ 9. B	BALT IM			MD.
0.1	s ofter d	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	potitied ググ		LTIMORE	TH /	(IF NOT IN SUC	H FACILITY, GIVE STREET		ROTHER INSTITUTION	TIA	. USUAL OCCUPATION OF OF WORK FOR MOST OF OUSEWIFE	WORKING LIFE)		F BUSINESS OR
AND 212	24 haur	fulled in I	anst pe	13a. S	AL RESIDENCE (IF NURSI STATE RYALND	135 COLIN	OTHER INSTITUTION,		ADMISSION)	13d. INSIDE CITY LIMITS? YES NO (1)	13e,	7000 GOL	DEN R	ING R	D.
MARYLAN	within	d 2 sh	axomye 3		THER'S NAME		MIDDLE	EVERING	4	MARTE	VAME	MIDDLE		LAS	
	red				HN	W	•					ADDRE:	5.5		-
BALTIMORE	be execu	n and a	medicol	160	VAS DECEASED EVER		MED FORCES? WAR OR DATES)	166 SOCIAL SECU 2200953L		JOHN P. A	ALL			N RIN	G RD.
201 W. PRESTON ST., I	es that the death certific	ned by the attending phy please remove carbon po urial, cremation, or remov	r, ar ather traumatic even		Conditions, if any, gave rise to imm couse (o), stating underlying cause	which nediote g the lost.	DUE TO, OI (c)	R AS A CONSEQUE	NCE OF	Colon Ca			DITION GIVE	4 m	
AL RECORDS,	The law requir	e has been sigu sit permit. Then giene priar ta b	hows any injur	CERTIFICATION	190. DATE OF OPERAT	ION	19b. CONDI	TION FOR WHICH		N WAS PERFORMED		YES P NO	20b. IF YES, IN CERTIFY YES	WERE FINDINING CAUSES	NGS USED
DIVISION OF VIT	Sic	his certification of the borial-t	ked or Item 18 s	MEDICAL CE	210. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	AUSE OF DEA	HOUR A	M. MONTH DA M.	19	216. HOW INJURY OCCU	URRED	(ENTER NATURE OF INJUR		COUNTY	STATE
Id	***	IRECTOR: thed for us bept. of Her	If Item 21 is marked		220.1 certify that (1) sow the decease abave (1) (we) (d) 22b. SIGNATURE	(this haspi	mar	1 3 19	- 1	othat in (my) (aur) apinio		to May h accurred an the do		,	
	O HOSPITAL	TO FUNERAL Ishauld be deta			22d. PHYSICIAN'S NA LAWR	LENG ENG	RPRINT) CES,	FRIEDI	MAN	22e. ADDRESS	1 0 61 1 k	Physic Physic	IAN B	12/	11/9 ital
	5	5 <u>F</u> 23	≤	23a. (BURIAL, CREMATION,	REMOVAL	23b. DATE			EMETERY OR CREMATOR		23d. LOCATION CITY OR TOWN	c	OUNTY	STATE
	8	3P		_	ÜRTAL		6/4/	79 MOI	RELA	ND MEM. PA		BALTO.		191 191	MD.
		- 16 50M 7/7 R A 15 (4))	7	24. F	UNERAL DIRECTOR	ooch	1	ADDRES6	1-		IN G	C'D. BY REGISTRAR	25h. REGISTRA	AR'S SIGNATI	URE

88 11 - 27 A mention PERSON OF THE TOTAL STATE OF THE SECOND . LA UNTIL ENGLISH COOK TO A TOTAL TEACHER SECURITIES CHARLES STRUM BUREAU N. MARKETS ... MARKETS CE SAIS MAGDON OF METAL . I MINE ! BIK POOCE SUBBLE LANG TOWNS AND AND CERT PLANT. Later to July to July to July to July

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		CEASED NAME	FIRST	1-1-1-1-1	MIDDLE	1111	LA				OF	KNOWN [-	DAY YEA	
	-		Nath	n A	ugus			llen			DEATH	MATED [5	11 19 7	
	3. SEX	4.	RACE	5 DATE OF BIRTH	YEAR	6 AGE (IN YEAR!		ERIYR.	IF UNDER		RONOUN	CED	MONTH	DAY YE	2d HOUR 1:17
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世帯の最高のグ	10. CI	TY OR TOWN O		11. NAME OF HOSE (IF NOT IN SUCH FAC	ITAL, NU	RSING HOME, (OR OTHER	RINSTITUI	TION		OST OF WORK	ATION (TYP	E OF WORK	OR IND	JSTRY
SS. P.		Baltim				Hospit								Steel	
R D S S	13a S	TATE	13b. COUN	OR OTHER INSTITUTION, GIV	13c. CITY	ORTOWN	1:				ET ADDRES				
21201 IF AND S. AND SHOUL I RECO		Saryland	Balti	lmore	Bal	timore			NO 🗌		05 0'1	Donne	11 St	•	
MD. 2 ATH. 1 P. 3.7, 2, 4 VID 2 S. VITAL	14. FA	ATHER'S NAME FIRST		MIDDLE		LAST	1	FI	R'S MAIDE	EN NAME		DDLE		LAST	
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BALTIMORE, MD. URS AFTER DEATH. 8. GIVE PAGES 1.3 WITH FORM PM. T. PAGES 1 AND 2 DIVISION OF VITA		Yes	1	3 to 1957			9	Jell	у н.	TITE	1,51.	N.C. I	, GETT		MATE INTERVAL
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ORW. T. C.	1	22a. I certify	that I taak charg	ge af the remains desc	ribed abo	ave, held an	Autopsy	X,	Inspectia	ın 🔲,	Inquiry	, a	nd in my a	pinian	
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DHMH - 17 (VR A15 ME (5))	29. 1	MARKE		ADDRESS	Man	+inches		4		MAY	1719	9/9	prof	Ma	Cready
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Balto., Md.

Lebnard J. Ruck, Inc.

(VR A 15 (4))

STATE OF MARYLAND

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AND

PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM TO FUNERAL DRECTORS, PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT, PAGES 1 AN AFFER DEATH, WITH THE STATE DEPRRTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.

EXECUTED WITHIN 24 HOURS AFTER DEA NG" IN PENCIL IN ITEM 18. GIVE PAGES

1 - STATE

STATE OF MARYLAND **DEPARTMENT OF HEALTH AND MENTAL HYGIENE** REGISTRAD

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO.7	9	_	1	1	1	4	-
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DHMH-17 (VR A15 ME (5)) 15M 7/76

74 Pldanger 63 GADARA G. TM M. ST

25a. DATE REC'D. BY REGISTRAR

1979

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STATE OF MARYLAND

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

70-11143

	REGISTRAR		CERTIFICATE OF DEATH	REG, NO.	5 11111
	DECEASED NAME FIRST (TYPE OR PRINT) Charl	es S	Arigo	20. DATE OF DEATH MONTH May 13, 1979	DAY YEAR 2b. HOUR
	3. SEX Male	4 RACE White	October 9, 1918	6 AGE (IN YEARS LAST BIRTHDAY) 60 YI	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN RS.
(70. BIRTHPLACE ISTATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COUNTRY	* MARRIED IN NEVER MARRIED WIDOWED DIVORCED	Dat timore c.	ity MD.
1	10. CITY OR TOWN OF DEATH Baltimore	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE Union Memoria)		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN Machine Opera-	
5	USUAL RESIDENCE (IF NURSING HOME 130. STATE 13b. COL Maryland		WN 13d INSIDE CITY LIMITS?	13e STREET ADDRESS 3823 Lyndale	Ave
0	14 FATHER'S NAME FIRST JOSEPI	MIDDLE LAST Arigo	15. MOTHER'S MAIDEN N	MIDDLE	Marecki
	160. WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)		ADDRESS T Arigo	Same
	PART I. DEATH WAS CAUS IMMEDI. Conditions, if ony, which gove rise to immediate couse (a), stofting the underlying couse lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEOU DUE TO, OR AS A CONSEOU DUE TO, OR AS A CONSEOU (c)	INC CARROLO-VIRRUL	AR HEART DISEASE OR CONDITION	
?	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICE	H OPERATION WAS PERFORMED		FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO NO
	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN ITEM	A 18, PART 1 OR PART 2)

WAREU

MONTH DAY

HOUR A.M. YEAR P.M 19 21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

CITY OR TOWN

and that in (our) opinion death occurred on the date and hour and from the causes stated

DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22 ADDRESS

21f LOCATION

3105 Belair Rd

Baltimore, Maryland

COUNTY

STATE

STATE

Lowe M.D. 230, BURIAL, CREMATION, REMOVAL Burial 23b. DATE 5/17/79

220.1 certify that (1)(this haspital) attended the deceased from

(IF EITHER, NOTIFY MEDICAL EXAMINER)

above, () (we) (did) (d

21d. INJURY OCCURRED

OR CONTRIBUTING CAUSE OF DEATH

NOT WHILE

AT WORK

22d. PHYSICIAN'S NAME TTYPE OR PRINT

231 NAME OF CEMETERY OR CREMATORY Gardens Of Faith

23d. LOCATION Baltimore, Maryland

24 FUNERAL DIRECTOR

FOR

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TO FUNERAL DIRECTOR: After this certificate may occur. In please remove carbong should be detoched for use as the buriol-transit permit. Then please remotion, or remotin, or the with the State Dept. of Health and Mental Hausen prior to buriol, cremoting or every managed to the properties of the prop

MEDICAL

WHILE

AT WORK

22b. SIGNATURE

after

Leonard J Ruck Inc. Baltimore, Maryland

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DHMH - 16 50M 1/76 (VR A 15 (4))

O HOSPITAL OR

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completely filled in by the funeral of a ond 2 should be filed within 72 ha

corbon popers. Poges

should be detached for use as the burial-transit permit. Then please remove carbon pape with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

MPORTANT: If Item 21 is morked or Item 18 shows ony

certificate has been

TO FUNERAL DIRECTOR:

injury, or other troumotic event, the

physicion

offending

STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR			CERTII	FICATE OF DEATH	REG. NO.	79-1	1 4 4
	1. DE (TYPE	CEASED NAME Micha	el OY Pe	ter AR	MIGE	R	MAY 18 19	DAY YEAR	26. HOUR 11:55A
	3. SE	Male	4 RACE Whi	te	S. DATE O		6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	R IF UNDER 24 HRS
	70. Bi	RTHPLACE (STATE OR FOREIGN OUNTRY) Maryland		WHAT COUNTRY?	1	D NEVER MARRIED	BALTIMORE CITY OR COL	UNTY OF DEATH	MD
	R	ALTIMODE	(IF NOT IN SUC	ACNES L	ADDRESS)	OR OTHER INSTITUTION	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	12b. KIND	OF BUSINESS OR
5	130. 5	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUI	YTY	GIVE RESIDENCE BEFORE 134. CITY OR TOW Pasader	ADMISSION)	13d. INSIDE CITY LIMITS? YES NO 🛣	8017 Cuba	Drive	21122
1		Robert	MIDDLE L	Armigen	2	Jane	WIDDIE	Voll '	AST
2		VAS DECEASED EVER IN U.S. AR (IF YES, GIV	MED FORCES? E WAR OR DATES)	166 SOCIAL SECU	RITY NO	Mr. Robert	L. Armiger	8017 Cu	uba Dr.
	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT OF THE SIGNIFICANT OF T	DUE TO, OI		NCE OF	SCPANATION	of PLACEN,		1(01
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		IF YES, WERE FIND ERTIFYING CAUSE YES	
1	MEDICAL CER	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	1111	M. MONTH DA	YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEA	n 18, PART 1 OR PART 2)	
	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		REET, FACTORY, OFFICE, FA		21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE
		220.1 certify that (1) (this haspi saw the deceased alive an above (1) (we) (did) (did no 271. SIGNATORE		ofter death. 19	, or	DEGREE	to U5/18 death occurred on the date and	hour and from the	, that (1) (we) lost e couses stated E SIGNED
		MANAGON ENAMENTED	ERAS M	D	me	77e ADDRESS	DIRECTOR PHYSICIAN		}
	23a. I	PECIFY)	23b. DATE			EMETERY OR CREMATORY	23d LOCATION	CONNIA	STATE

DHMH-16 20M (VRA 15, 4) 7/78

Burial New Cathedral

Baltimore, 21229 250. DATE REMINER RECHTRANTS PREGISTRANS SIGNATURE

G. Truman Schwab 3512 Frederick Ave.

E77111-0 ev e

DIVISION OF THE RECORDS, 201 W. PRESION SI., DALIMORE, MARILLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral a should be detached for use as the burial-transit permit. Then please remove corbanapapers. Pages 1 and 2 should be filed within 72 he man with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other traumatic event, the medical examiner must be natified at ance.
14	TO HOSPIT	should be with the St	IMPORTAN

		FOR - STATE REGISTRAR		TMENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG CICATE OF DEATH	REG. NO.	79-1	1145
H		CEASED NAME FIRST EDDIE	M .	ARMSTI	RONG	20 DATE OF DEATH M		79 5 PM
	3. SE	Male	4 RACE Black	S. DATE C		6. AGE (IN YEARS LAST BIRTHE	YRS.	DAYS HOURS MIN.
5	C	RTHPLACE ISTATE OR FOREIGN OUNTRY) Md.	76 CITIZEN OF WHAT COUNTRY USA	MARRIE		BALTIMORE CITY OR BALT IMORE	CTTY	MD.
4		BALTIMORE	11. NAME OF HOSPITAL, NURSI INFRODINSUCH EXCILITY GIVE STREET UNION METORITA	L HOST		12a. USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF V		KIND OF BUSINESS OR USTRY
5	13a. S	Md.	OTHER INSTITUTION GIVE RESIDENCE BEFO 131 CITY OR TO Balto.	WN	13d. INSIDE CITY LIMITS? YES X NO [23rd St	reet
00	14. FA	Dubois	H. Armst		Dollie	MIDDLE L.	Spen	LAST Ce
	16a V	vas deceased ever in u.s. ar; yes, no orunknown) NO	MED FORCES? 166 SOCIAL SEC WAR OR DATES] 212-48-		Dollie M.	Armstrong	522 E	. 23rd St.
	ATION	PART I. DEATH WAS CAUSE IMMEDIAT 3 0 3 - Conditions, if ony, which gove rise to immediate couse (o), storing the underlying couse lost PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUENCE CONDITIONS CONTRIBUTING TO	LENCE OF Clamer UENCE OF 4 Chus D DEATH BUT		lote energy LE INAL DISEASE OR CONDI	heloguity.	
3	CERTIFICATION			H OPERATIO		YES NO	IN CERTIFÝING C YES 🗌	AUSES OF DEATH?
1	MEDICAL CE	saw the decreased alive on obove, (I/we) (did) did not 77b. SIGNATUH	THH HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE TO) ottended the deceosed from 19	79,0	THOREIGHT	CITY OR TOWN	22c	ITY STATE:
		R GOLD	RPRINT)		Union Man	oual Hosp	Calve	7×33~457
	23a. E	Burial, CREMATION, REMOVAL SPECIFY) Burial			EMETERY OR CREMATORY Memorial Pa	23d LOCATION CITY OR TOWN TK Balti	more County	o., Md.
	24 FU	UNERAL DIRECTOR WM C March F,	/H 1101 E.	Nort	h Ave. 255 PAN	REC'D. BY REGISTRAR 25		

DHMH - 16 50M 7/77 (VR A 15 (4))

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TOTAL CONTROL OF THE PROPERTY		denta u.e.
		entaria afranco yapar
	Thomas or the late of the first	
	and the second s	D. Moortewal, A. H. Linder
	and as the management of all	1-21 178 -31-425

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	33	10 33	00	1		9	
	fied at once.	must be noti	licol examiner	event, the med	yury, ar other traumatic	IMPORTANT: If Item 21 is marked at Item 18 shows any injury, at other traumatic event, the medical examiner must be notified at once.	ORTANT: If Nem 21 is mo
1)	within 72 mg	onid pe riled	us y mun t sal	emoval.	to buriol, crematian, or r	should be deformed for use by the boundary permit then prease remove curporipoperatinges if and a should be med writin a zimu, with the State Dept. of Health and Mental Hygiene prior to burial, crematian, or removal.	the State Dept of Health
V	he funerol a	filled in by t	d completely	physicion or	signed by the ottending	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral	FUNERAL DIRECTOR. AF
(ter death. Pa	24 hours of	ecuted within	rtificate be ex	quires that the death ce	TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after death. That retained by the hospital or attending physician.	TO HOSPITAL OR ATTENDING PHYSICIAN: The retoined by the hospital ar attending physician.
		102 1201 102 1201	KE, MAKTLA	SI., BALIIMO	DS, 201 W. PRESION	DIVISION OF VITAL RECORDS, 201 W. FRESTON ST., BALLIMORE, MARYLAND 2 1201	

		CTATE OF MARKING
		STATE OF MARYLAND
		DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH
		CERTIFICATE OF DEATH
FIRST	MIDDLE	IAST 20 F

		75.				0
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	J	- 1	1			-

1-	FOR STATE REGISTRAR			DEPARTA		EALTH AND	MENTAL HYGI DEATH	IENE REG. NO	79-	111	46
(TYPE	CEASED NAME OR PRINT)	FIRST	iA	AIDDLE	AR	NOC	d		5 25-	79	954 M
3 SEX		1	RACE		5. DATE C		ر م	6. AGE (IN YEARS LAST BIRT	MONTHS	_	HOURS MIN.
	Female		Bla		8	8	97	81	YRS		
	RTHPLACE (STATE OR FO	OREIGN 7		WHAT COUNTRY?	MARRIE	D NEVER	MARRIED [9 BALTIMORE CITY O		ATH	
	aryland		U.S.		WIDOWE		VORCED	Baltimor			MD.
10 C1	TY OR TOWN OF DEA	ATH 1		HOSPITAL, NURSIN H FACILITY, GIVE STREET		OR OTHER INS	TITUTION	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O		KIND OF	BUSINESS OR
	Baltimore		Greater	Pennsyl	vania	N. H.					
13a S	AL RESIDENCE (IF NURS STATE Md.	13b COUNT		136. CITY OR TOWN Baltimo	N	13d. INSIDE C	ITY LIMITS?	13e. STREET ADDRESS 2403 St.	Stephens	Ct.	Apt.2C
14. FA	THER'S NAME	M	DDIE	tAST		15. MOTHER	S MAIDEN NAM	AE MIDDLE		1467	
	Wm	741		nold		Mago		MIDDLE	Pa	rker	
16a W	VAS DECEASED EVER	IN U.S. ARM		166 SOCIAL SECU	RITY NO.	17 INFORMA	NT	ADDRE	SS		
	unknown			219-20-9	309	Arden	d S. Dix	xon 1410 E	llwood Av	æ.	
NO	Conditions, if ony, gove rise to imm cause (o), stotin underlying cause	, which mediate ag the lost	CAUSE (0) DUE TO, OR (b) DUE TO, OR (c)	R AS A CONSEQUE	NCE OF	NOT RELATED	TO THE TERMI	NAL DISEASE OR CONI	DITION GIVEN IN P	ART 1(0)	
TIFICATION	190. DATE OF OPERA	TION	196 CONDITION FOR WHICH OPERATION WAS PE			N WAS PERFO	RMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS US YES NO YES NO YES NO			
MEDICAL CERTIFICATION	21a. ACCIDENT WAS UNE OR CONTRIBUTING () (IF EITHER, NOTIFY MEDIC 21d. INJURY OCCURE	CAUSE OF DEATH	P.A 21e. PLACE (M. MONTH DA	19	21f. LOCATIO		ED (ENTER NATURE OF INJUR			
X	WHILE NOT WE	HILE D	(AT HOME, STR	EET, FACTORY, OFFICE, F	ARM, ETC.)	STREET		CITY OR TOW	N COU	NTY	STATE
	220.1 certify that (1) saw the decease above (1) (we) (ed ofive on_	5-	25		DEGREE		leath occurred on the do	220		
	Suche	well	41	your) /		TTENDING PHYSICIAN [MEDICAL STAF	IAN	9-7	0-1
	22d. PHYSICIAN'S NA	AME ITYPE OR I	PRINT	TYSO	N	22e. ADDRES	5 93 BA	CTO!	WORTH CL	+ A	17
23a. B	BURIAL, CREMATION, SPECIFY)	REMOVAL	23b. DATE			EMETERY OR		23d. LOCATION CITY OR TOWN	COUNTY		STATE
24 FL	Buria UNERAL DIRECTOR	1	5/30/	79 Mt	. Auk	ourn Ce		Baltimor REC'D. BY REGISTRAR			yland

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

WM. C. MARCH F7H 1101 E. North Ave. MAY 3 1 1979

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anding physician and completely filled in by the funeral director, carbon papers. Pages 1 and 2 should be filed within 72 hours after

medical examiner must be notified of once.

IMPORTANT: If Item 21 is marked at Item 18 shows any injury, or ather traumatic event, the should be detoched for use as the burial-transit permit. Then please remove carbon pape with the State Dept. of Health and Mental Hygiene prior to burial, cremotian, or remaval. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Fritze halandy

		REGISTRAR				CERTIF	ICATE OF	DEATH	REG.	NO.			
1		CEASED NAME	FIRST	V 8	MIDDLE		LAST		20. DATE OF DEATH		DAY YEAR	2b. HOUR	,
	Titre		George		Ε.	Ar	rington	n		5	17 79	1/3/	M
	3. SE>	X	1	RACE		5. DATE O	OF BIRTH		6 AGE (IN YEARS LAST E	(RTHDAY)	IF UNDER I YEAR		_
		Male		WHITI	Ξ	MONT		98		80 YRS	MONTHS DAYS	HOURS M	IN.
è	7a. BIF	RTHPLACE (STATE OR FO	OREIGN 7	L CITIZEN OF	WHAT COUNTRY?	8 MADDIE	D NEVER	MARRIED []	9 BALTIMORE CITY	OR COUN	TY OF DEATH		
5		ARYLAND		U.S.A	A.	WIDOW		VORCED	BALTIMOR	E CIT	Y		MD.
1	10 CT	TY OR TOWN OF DEA	ATH 1	1. NAME OF	HOSPITAL, NURSIN		OR OTHER INS	TITUTION	120. USUAL OCCUPA			OF BUSINESS	OR
1		ALTIMORE		St.	Agnes Ho		1		SHOP MECH			EQUIP-	
1	13a S	AL RESIDENCE (IF NURS	136 COUNT	OTHER INSTITUTION	GIVE RESIDENCE BEFORE		113d INSIDE C	ITY LIMITS?	13e. STREET ADDRES	3	MENT	CORP.	
2	_	ARYLAND	BALTI	MORE	ARBUTUS		YES 🗌	NO 🔀	5215 BENS	ON AV	ENUE, 2	1227	
1	14. FA	THER'S NAME	м	IDDLE	LAST		15. MOTHER	S MAIDEN NAM	ME		1/	AST	
1		GEORGE	W		ARRINGT			SARAH			ROBIN	ISON	
		VAS DECEASED EVER	IN U.S. ARM		166 SOCIAL SECU	RITY NO.	17 INFORMA	INI	ADD	RESS			
		YES	WW	I	212-16-	4336	MARGAI	RET L. A	ARRINGTON,	5215			
		18 CAUSE OF DEAT PART I. DEATH W	H Enter only	y one couse per	line for (a), (b) and	Nicl.			4		BETWEEN	MATE INTERVAL	TH
		1/ · ·	IMMEDIATE		<u></u>	and	ac.	arres	X		Su	adden	
		4292		DUE TO, O	A CONSEQUE	NCE OF	_4_3	0	41.1				
		Conditions, it ony, which (b) Arterioreterstra											
	- 3	gove rise to imm	DUE TO. O	R AS A CONSEQUE	NCE OF								
		underlying couse	tost	(c)			-						
	7	PART 2. OTHER SIGN	VIFICANT CO	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERMI	INAL DISEASE OR CO	NDITION	SIVEN IN PART 1	(0)	
	CERTIFICATION			= 15									
1	ICA	19a. DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	DRMED	20a AUTOPSY?		YES, WERE FIND TIFYING CAUSE		
	RTIF								YES NO		YES	NO 🗌	
		OR CONTRIBUTING		HOUR A.	FINJURY M. MONTH DA	YEAR	21c. HOW IN	JURY OCCURR	RED (ENTER NATURE OF IN	JURY IN ITEM 1	8, PART 1 OR PART 2)		
	ICAL	(IF EITHER, NOTIFY MEDIC	AL EXAMINER)	Ρ.		19							
1	MEDICAL	21d INJURY OCCURE		21e PLACE	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	21f LOCATION STREET	NO	CITY OR T	OWN	COUNTY	STATE	
1		AT WORK AT WO	RK U				1/0	71		117	70		
		22a.1 certify that (1)		al) attended th	e defeased from	70			to	///	. 19	, that (I) (we)	
	- 1	opera Visco	did (did not)	Anw the body	ffer death.	-		(our) opinion o	death accurred on the	dote and h			
		The Controller	111	14	-//	1	DEGREE	ATTENDING A	- MEDICAL ST	AFF	22t DAT	SIGNED	
	100	NAVE	NX	Der	rellas	100		PHYSICIAN	DIRECTOR PHYS		1/1	1/1/	_
		17d PHYSICIAN'S NA	AME FINE CAL	PRINTS &			22e. ADDRES						
								East Dr		1	1227		
	23a B	BURIAL, CREMATION,	REMOVAL	23b. DATE	23c. N	NAME OF C	EMETERY OR	CREMATORY	23d. LOCATION CITY OR TOWN	ng. Y	COUNTY	STATE	
		BURIAL		05-21-	-79 M	OUNTA	IN VIEW	I	ELKRIDG	E HO	OWARD	MD.	
	24 FU	NERAL DIRECTOR		1 18					REC'D. BY REGISTRA			TURE	
		Hubbard Fi	meral	Home I	nc 4107	Wilk	one Ave	1 mill	1 8 1970	1 2	. / /		

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

DHMH - 16 50M 1/76 (VR A 15 (4))

BP

79-11147

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

8/11/-0.

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO LAST 1. DECEASED NAME 20. DATE OF DEATH 2b. HOUR (TYPE OR PRINT) 3. SEX 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF LINDER 24 MDS MONTH YEAR MONTHS DAYS HOURS 7ª BIRTHPLACE TE CITIZEN OF WHAT COUNTRY? ISTATE OR FOREIGN OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY NORTH. CAROLINA WIDOWED DIVORCED [11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION ALT I MORE 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BETHLEHEM USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13g. STATE 1136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS ALTO. HD NOF 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INEGRMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)
PART I, DEATH WAS CAUSED 8Y IMMEDIATE CAUSE (0). Conditions, if any, which gove rise to immediate couse (D), stoting underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20e AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [NO YES [NO/ Hygie 71a. ACCIDENT WAS UNDERLYING 716. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 0 71d INJURY OCCURRED 21e PLACE OF INJURY 71f LOCATION CITY OF TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET STATE NOT WHILE AT WORK AT WORK 220.1 certify that (1) (this hospital) attended the deceased from spw the deceased alive an above, (1) (we) (did)) did not) view the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF be deto e Stote [PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAMB (TYPE OR PRINT) 22e ADDRESS the S IMPORT/ £ 230 BURIAL CREMATION REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATOR 23d LOCATION STATE SPECIF TY OR TOWN 24 FUNERAL DIRECTOR **DHMH-16 20M** N. Monny (VRA 15, 4) 7/78

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n ond completely filled in by the Poges 1 and 2 should be filed

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion should be detached for use as the burial-transit permit. Then please remove carbon papers: P with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If Hem 21 is marked

STATE OF MARYLAND

REG. N	10.	79	-	15
OF DEATH	MONTH	DAY	YEAR	2b. HOUR
	parent.	1	70	1-7

ı	1 -	STATE	DEPAR	CIMENI OF HEALTH AND MENT		70 1115
ı		REGISTRAR		CERTIFICATE OF DEAT	REG. NO	. 19-11151
ı		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR 2b. HOUR
ı	,,,,,,	JOHN		AUTRY		5 15 79 12 Noga
١	3. SEX		4 RACE	5. DATE OF BIRTH	6. AGE IN YEARS LAST BIRT	
ĺ		Male	Black	3 5 0	78	MONTHS DAYS HOURS MIN,
ı		RTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? 8 MARRIED NEVER MARRI	- IN BALTIMORE CITY O	
	20	N. C.	U. S. A.	WIDOWED DIVORC		CITY MD.
i	10. CI	TY OR TOWN OF DEATH		SING HOME OR OTHER INSTITUTE	ON 128. USUAL OCCUPATE	ON 126. KIND OF BUSINESS OR
Ī		BALTIMORE	UNION MEMO	DRIAL HOSPITAL	(TYPE OF WORK FOR MOST OF	F WORKING LIFE) INDUSTRY
	USUA 13a S	L RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE BEF		MITS? 13e STREET ADDRESS	
		Md.	Baltim			oly Ave.
Ī	14 FA	THER'S NAME	MIDDLE LAST	15 MOTHER'S MAII	DEN NAME	LAST .
1	N	ied	Autry		WIDDE	Autry
		AS DECEASED EVER IN U.S. AR			Chill	sscothe, Ohio
ı	64	No No		9-2509 J. od	essa Williams	403 McKill Rd.
Ì		18 CAUSE OF DEATH (Enter on	nly one couse per line for (o), (b),		S S S S S S S S S S S S S S S S S S S	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	60	PART I. DEATH WAS CAUSE	DBY: Cardi	io Dulmonary	Arrest	minute.
		2561	DUE TO, OR AS A CONSEC	DUENCE OF		^
		Conditions, if any, which	(b) Diabe	etic Keto freid	0513	Iday
		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEC	DUENCE OF		
		underlying couse lost.	(c) Charl	- Acute Rewa	1 Failure	, week
1		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE	HE TERMINAL DISEASE OR CON	OITION GIVEN IN PART 1101
	CERTIFICATION	(R) Cereb	ral Vascula	in Accident	1973	
1	CAI	190 DATE OF OPERATION	196. CONDITION FOR WHI	CH OPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
ì	RTIF				YES NO	YES NO
		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE			OCCURRED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2}
	CAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	3111	19		
ĺ	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	CE, FARM, ETC.) 21f. LOCATION STREET	CITY OR TOW	OUNTY STATE
	~	WHILE NOT WHILE AT WORK				
			tol) ottended the deceased from	70	79 , to 5/15	19 79, that (1) (we) last
			5 1/5 of) view the body ofter death.		opinion death occurred on the do	ite and hour and from the couses stated
		22b SIGNATURE	1	DEGREE	DING MEDICAL STAF	22c. DATE SIGNED
		Illson He	hman MD	PHYSI	CIAN DIRECTOR PHYSIC	
		224 PHYSICIAN'S NAME (TYPE O	R PRINT)	22e. ADDRESS		
		NELSON LEHM	AN, M.D.	UNION	MEMORIAL HOSPI	CAL
	23a. B	URIAL, CREMATION, REMOVAL		BE NAME OF CEMETERY OR CREM.	ATORY 23d. LOCATION	COUNTY STATE
		Burial	5/17/79 M	t. Calvary Ce	me. Anne Ar	rundel County, Md
		C. LEG. L. C. D. LOCATION			TE- DATE BEC'D BY BECICEDAD	ALL DECICED FOR CICALIANIA

Wm. C. March F/H 1101 E. North Ave.

DHMH-16 50M 7/77 (VR A 15 (4))

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		DATE HER DATED UP CHEED	
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		nation village	
	ondocalling on low ranklitwa	272-09-2509 V. Onesa	
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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7	9 -	1	1	1	5	2
	~				_	_

1 - STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	o. / S	3 - 1 1	132
1. DECEASED NAME FIRST (TYPE OR PRINT) ARTHUR	STEV	NART	AVEY	20. DATE OF DEATH	NONTH DA	979	10 25/
3. SEX Male	4 RACE White	S. DATE C MONTE Mar	H DAY YEAR	6. AGE (IN YEARS LAST BIRT		ONTHS DAYS	IF UNDER 24 H
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) W. Va.	76 CITIZEN OF WHA	T COLUNIATIVO I	DE NEVER MARRIED	9 BALTIMORE CITY O		OF DEATH	
10. CITY OR TOWN OF DEATH Baltimore	Univers	PITAL, NURSING HOME C ILITY, GIVE STREET ADDRESS) SITY OF MARY	land Hospital	128. USUAL OCCUPATION OF WORK FOR MOST OF SIGNAL INST	F WORKING LIFE)	INDUSTRY	of Business ailroa
USUAL RESIDENCE (IF NURSING HOME OF 130. STATE 13b. COU	OR OTHER INSTITUTION, GIVE	residence before admission) CITY OR TOWN Rawlings	13d. INSIDE CITY LIMITS?	Rt. 3, Alon	ng Rt.	220	
14. FATHER'S NAME FIRST John	WIDDLE	Avey	15. MOTHER'S MAIDEN NA	Etta		Spe	ncer
160. WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	VE WAR OR DATES)	SOCIAL SECURITY NO. 05-05-1813	Mrs. Arthur	Avey, Rt.			Md .
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	CONDITIONS CONTR	RENAL	CELL CARO	LINOMA			
196. DATE OF OPERATION 216. ACCIDENT WAS UNDERLYING	19b. CONDITION	N FOR WHICH OPERATION	ON WAS PERFORMED	20a AUTOPSY?		_	NGS USED S OF DEATH?
218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER, NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	HOUR A.M. P.M. 21e. PLACE OF IN	MONTH DAY YEAR 19 NJURY ACTORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TO		RT 1 OR PART 2)	STATE
220.1 certify the decement alive of	- MAN 7	4 19 79 ,0	and that (my your) opinion	to to the do	24 , 1 ote and hour		that (I) we couses state
22d. PHYSICIAN'S NAME (TYPE	(A M	RIGGS, JR	ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN (IX	5	24/79

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

PHYSICIAN: The

ATTENDING

TO HOSPITAL OR ATTEN

DHMH - 16 25M (VR A 15 (4)) 9/74

Minera To SALE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Keyser, W.

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	la (e. 1980) del 18 19 (J.E.e. In)	
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146/241	(An 1875)	
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	many and parameters.	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	FOR STATE REGISTRAR			DEPAR		EALTH AND MENTAL HYC	GIENE REG. N		9-11	153
1. DE (TYPE		Flore		M	B, DATE O	a (c)	DATE OF DEATH AGE (IN YEARS LAST BE	5	B 79	5.20 A
1.00	F		Cav	4	MOHD		89	YRS	MONTHS DAYS	HOURS MIN
7a Bi	N.J.	OEGN	USA	WHAT COUNTRY	7 MARRIE WIDOWE	D. O NEVER MARRIED O	BALTIMOREGITY		OF DEATH	,
	Baltimore	ATH	1. NAME OF	HOSPITAL NURS	SAPERIL C	OR OTHER INSTITUTION	17s USUAL OCCUPAT 1797E OF WORK FOR WORK Homemaker	OF WORKING LIF		OF BUSINESS O
APSO A	AL RESIDENCE IV NUM	I'M CONN	imore	Brookla	WN	THE INSIDE CITY LIMITS?	10428 Fa	lls Ro	d.	
14 FA	Jesse		G.	Hughe:	S	Agnes	MEIDLE		Carrol	ï
	NAS DECEASED EVER YEL NO DE UNKNOWN!		AED FORCES? WAR OR DATES!	216 01		Wm. J. Baird	Sr. Sam			
7	Conditions, if any gave rise to im couse (a), state underlying couse PART 2 OTHER SIG	mediate ng the last	(iei_	R AS A CONSEQUENTING TO	11.12	NOT RELATED TO THE TERM	NNAL DISEASE OR CON	DITION GIV	EN IN PART 1	(a)
CERTIFICATION	19) DATE OF OPERA	TION	Th. COND	TION FOR WHIC	H OPERATIO	N WAS PERFORMED	70s AUTOPSY?	IN CERTIF	S, WERE FINDS	NGS USED S OF DEATH?
MEDICAL CER	TIE ACCIDENT WAS UN OF CONTRBUTING [] (FEITHER, NOTEY MEDIC	CAUSE OF DEAT	HOUR A.	M. MONTH I	DAY YEAR	THE HOW INJURY OCCUR	RED (ENTER NATURE OF PAR	RY IN ITEM 18, F	ART I OR PART 2)	
MED	THE INJURY OCCUR	PER EIN	214. PLACE ((AT HOME, STE	OF INJURY REE, FACTORY, OFFICE	PARM, ETC.)	THE LOCATION	Citt OF 10	MTH.	COUNTY	STATE
	22n.1 certify that (I say the descrip- attove, (I) level 22h. SIGNASCHE				M ar	od that in (my) (cur) apinion		1	and from the	SIGNED
	224 PHYSIGAN'SIN	AME (TYPE OR		TERS	115	ATTENDING PHYSICIAN E	DIRECTOR PHYSI		2-6	777
	BURIAL CREMATION		136. DATE	225	NAME OF C	EMETERY OR CREMATORY	23£ LOCATION CITY OF TOWN		COUNTY	STATE

DHMH - 16 50M 7/77 (VR A 15 (4))

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STATE OF MARYLAND

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Item 18

21 is marked or

IMPORTANT: If He

MEDICAL

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FUNERAL DIRECTOR: ined by the hospital

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OR ATTENDING PHYSICIAN: The

HOSPITAL

STATE OF MARYLAND

DEDARTMENT OF BEALTH AND MENTAL BYCIENE

	- STATE REGISTRAR	PSI AN	CERTIFICATE OF DEATH	REG. NO.	11122
	1 DECEASED NAME FIRST (TYPE OR PRINT) BABY	BOY TODD	BAKER	MAY 26 1979	26. HOUR 10.10A
	3. SEX MALE	RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF U MON' YRS.	THE DAYS HOURS MIN.
	Pa. BIRTHPLACE (STATE OR FOREIGN	16 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	BALT I MORE CITY	DEATH MD.
1	BALT I MORE	(STO IN SACRIFIES ONE PILE			12b. KIND OF BUSINESS OR INDUSTRY
7	USUAL RESIDENCE (IF NURSING HOME OF 130 STATE 130 COU	NTY 13 CTTY OR 30	NO YE YES NO	130. STREET ADDRESS MENICA	NACIRCUE
1	MARIC H	MIDDLE BAXIS	15 MOTHER'S MAIDEN NA	MARICE]	PILLON
-	160. WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 166 SOCIAL SEC /E WAR OR DATES)	1 00 1	BAILER - SAME AS	ABOVE
	PART I. DEATH WAS CAUS	nly ane couse per me far (b), (b), c ED BY: ITE CAUSE (o)	u 27-28 mle	ks-	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gove rise to immediate cause 101, stating the underlying cause last.	DUE TO, OPAS A CONSER	uio - Magnicol Pence OF Introcerely	el benourage	
		CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVEN	IN PART 1(a)
1	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHIC	h Operation was performed		ERE FINDINGS USED IG CAUSES OF DEATH? NO
-	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		RED (ENTER NATURE OF INJURY IN ITEM 18, PART 1	OR PART 2)

and that in (my) (our) opinion death occurred an the date and have and from the causes stated

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED

NOT WHILE

FOR

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

71f LOCATION

CITY OR TOWN COUNTY

STATE that (1) (we) last

22a.1 certify that (I) (this haspital) attended the deceased from

DEGREE

ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22r. DATE SIGNED

22e. ADDRESS

21220 TIMODE MD

BP.

DHMH - 16 50M 7/77 (VR A 15 (4))

23a. SURTAL, CREMATION, REMOVAL 23b. DATE

23c NAME OF CEMETERY OR CREMATORY

23 TOCATION CITY OR TOWN ATUNSVI

24 EUNERAL DIRECTOR

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE MAY 3 1 1979

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH MONTH DECEASED NAME 2b. HOUR (TYPE OR PRINT) Katherine Baldigowski May 17. 7:100m4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH IF UNGER I YEAR IF UNDER 24 HRS 3 SEX OAYS HOURS In BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore City WIDOWED DIVORCED [11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR INDUSTRA The Johns Hopkins Hospital DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 Co. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 134 COUNTY 136. CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE neal 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES, NO OR HAKNOWN) (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY anna IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 CERTIFICATION 190 DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? STENOSIS NO YES NO [21h TIME OF INJURY 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART) OR PART 2] HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE ATWORK 22a.1 certify that (1) Ithis haspital) attended the deceased from ond that in (my) (our) opinion death occurred on the date and hour and from the couses stated did not) view the body after death. 22h SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF FUNERAL uld be deto PHYSICIAN DIRECTOR | PHYSICIAN 22e. ADDRESS 22d. PHYSICIAN'S NAME (TYPE OR PRINT) NNETT JOHNS ÷ 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE CITY OR TOWN DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 7/77 (VRA 15 (4)) Robert 5- Barranca

79-11156 College And Annual College And Annual College Annua may in some

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-DEATH MATED RICHARD DATE OF BIRTH IE UNDER 24 HRS 2d HOUR DATE YEAR LAST BIRTHDAYS PRONOUNCED 29. 24 YRS white DEAD male June O BIRTHPLACE (STATE OR Th. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED WEVER MARRIED FOREIGN COUNTRYS U.S. Maryland WIDOWED DIVORCED Baltimore City II CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 20. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS. Parts Salesman South Baltimore General Hospital Baltimore Automobile OME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13a. STATE Chesapeake Mobile Court Md. Hanover 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE lankert Geraldine Wargaret MAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) Yes 213-48-4203 Patrick Henr Vietnam Darlene Bankert. 5217 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY Gunshot wound of head (handgun) L LIMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (c. CERTIFICATION USED OF HEA 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL YES S 3 SHOULD BE 21n EXTERNAL CAUSE WAS 71h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 3 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING MEDICAL 12 19 79 CONTRIBUTING CAUSE OF DEATH undetermined PRIOR 71d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK wooded 4300blk.of Westbury area Baltimore, Maryland rear of school - wooded area EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE ST BALTIMORE, MARYLAND, 213 220. I certify that I took charge of the remains described above, held on Hamicide Undetermined manner X Natural couses Accident TITLE (SPECIFY) ssistant MEDICAL EXAMINER EXAMINER'S NAME MARGARITA A. KORELL MADDRESS 111 Penn Street (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY Westview Mem. Cremation Baltimore Park BP 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR **DHMH-17** (VR A15 ME (5)) eorge J. Gonce, 4001 Ritchie Hg., BaltimorMA 15M 7/76

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	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201
HOSPITAL TITLE	HOSPITAL ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter dear-Page 4 may inned by the haspital or affending physician.
FUNERAL DIRECT	FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, pagebuild be detached for use as the burial-trains permit. Their please carbon papers. Pages 1 and 2 should be filled within 72 hours and the control to the control trains of

PEPARTMENT	OF	HEA	LTH	AND	MENTAL	HYGIENE
CE	DTI	FIC	ATS	OF	DEATH	

	REGISTRAR			CERTIF	ICATE OF D	EATH	REG.	NO.	9 - 1	1139
	CEASED NAME FIRST	,	MIDDLE	L	AST		20 DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
(1117)	MICHAE	L	Edward	BA	ARLOW			5 2	3 1979	8 20 AM
3. SE		4 RACE		5. DATE C			6. AGE (IN YEARS LAST I		IF UNDER 1 YEAR	IF UNDER 24 HRS
	Male	Whit	е	May		952	27	YRS	MONTHS DAYS	HOURS MIN.
	IRTHPLACE (STATE OR FOREIGN OUNTRY)	71 CITIZEN OF	WHAT COUNTRY?	1	DE NEVER A	AARRIED [9 BALTIMORE CITY		OF DEATH	
	ryland	USA		WIDOWE		VORCED [BALTIMO	RE CIT	Y.	MD
12.	BALTIMORE	(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET MEMORIA	ADDRESS)		потити	12a. USUAL OCCUPA (TYPE OF WORK FOR MOS Mtn. Su		FE) INDUSTRY	Stics
130. :	AL RESIDENCE (IF NURSING HOME OF STATE 130° COU Md. Hari	INTY	GIVE RESIDENCE BEFORE 134. CITY OR TOW TOPPA	E ADMISSION) 'N	13d. INSIDE C	№ ХОИ	110 Magn	olia	Road	
14. E/	ATHER'S NAME FIRST	MIDDLE	LAST			S MAIDEN NAA FIRST	WE		ŁAS	17
	Clyde		Barlow		An				Mille	r
	WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, GT	RMED FORCES? VE WAR OR DATES)	166 SOCIAL SECU		17 INFORMA			RESS	16.1	
	no		219-58	-607	Mrs.	Jane	Barlow,	Joppa		MATE INTERVAL ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	(b)	R AS A CONSEQUE INCVEUS R AS A CONSEQUE RECLIANS ONTRIBUTING TO	ence of	ntrucr Brain to	umor	pess Hege inal disease or co	S Encept	MANY'S.	01
L CERTIFICATION	116 DATE OF OPERATION 4/75 216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	2 Epana 218 TIME O	FINJURY	OPERATION OPERAT	nd; Can	da mets	200 AUTOPSY? YES W NO	IN CERTII	S, WERE FINDING YING CAUSES	
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	M. OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATIO STREET	ON	CITY OR T	OWN	COUNTY	STATE
	220.1 certify that (1) (this has sow the deceased alive a above 1) (we) faid) (did n 22b. SIGNATURE	n 5/22	19_	79	nd that in @	_, 19 <u>-75</u> (our) opinion o	to 57	date and hou		
	Patrik 1	nc mes	namin	1	no '	TTENDING PHYSICIAN	MEDICAL ST DIRECTOR PHYS	AFF SICIAN D	5/2	1/79.
	22d PHYSICIAN'S NAME (TYPE	0	in M	D.	220 ADDRES	ion me	emorial 1	405p	(1)	3g (t.)
	BURIAL, CREMATION, REMOVA				EMETERY OR		23d LOCATION CITY OF TOWN		COUNTY	STATE
I F	Burial	May 26	1979 B	elAi:	r Mem	Garder	ns BelAir	· Har	ford	Md.

DHMH-16 20M (VRA 15, 4) 7/78

Howard K. McComas III, Abingdon, Md.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	9 -	11	-	6	0
ONTH	DAY	YEAR	12h	HOI	IP

79 IF UNDER I YEAR

INDUSTRY

MONTHS DAYS

20b. IF YES IN CERTIF 2b. HOUR

HOURS

12b. KIND OF BUSINESS OR

Sadler

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ハハ 101

IF UNDER 24 HRS

MIN.

		REGISTRAR			CERTIFICATE OF	DEATH	REG. NO	o. 19-1
2 ° ° 8	#top	1. DECEASED NAME (TYPE OR PRINT)	FIRST	H.	BARLOW		2a DATE OF DEATH	MONTH DAY YEAR 5 22 79
(1)	notherd	3. SEX Male	4 RACE Black		5 DATE OF BIRTH	1 ^{YEAR} 89	6_AGE (IN YEARS LAST BIRTI	HDAY) IF UNDER 1 YE MONTHS DA' YRS.
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	at once.	70 BIRTHPLACE (STATE OR FOR COUNTRY) Md.	76 CITIZEN OF	A.	MARRIED NEVE	R MARRIED	9 BALTIMORE CITY O Baltimore	_
DO1	Baltimore		HOSPITAL, NURSING THE FACILITY GIVE STREET A Craddock	G HOME OR OTHER IN DDRESS) AVE •	ISTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF		
AND 212	auld her	USUAL RESIDENCE (IF NURSIN 130 STATE	IG HOME OR OTHER INSTITUTION, 3b COUNTY	GIVE RESIDENCE BEFORE. 136. CITY OR TOWN Baltimore		CITY LIMITS?	13e. STREET ADDRESS 4406 Cra	ddock Ave.
MARYLA ed within	exominer	I Saac	MIDDLE BE	arlow		R'S MAIDEN NA.	ME MIDDLE	Sa
IMORE,	. Poges 1	160 WAS DECEASED EVER IN	N U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	216-10-3			4406 Craddo	
T., BALT Tificote b	inpopers impool.	PART I. DEATH WA	(Enter anly ane cause per IS CAUSED BY: MMEDIATE CAUSE (a)	line for (a), (b), and	o gulma	nay	asest	APPR BETWE
on ser	or re	410-	S. C.		NCE OF		, - (-	.15

DUE TO, OR AS A CONSEQUENCE OF

MONTH

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

DAY YEAR

MARS	
EN IN PART I (a)	
, WERE FINDINGS USED YING CAUSES OF DEATH?	
S NO	
ART 1 OR PART 2)	

CERTIFICATION MEDICAL

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

> WHILE AT WORK

21d. INJURY OCCURRED NOT WHILE 22a.1 certify that (1) (This talk al) ottended the deceased from

cause last

Canditions, if any, which gave rise to immediate couse (o), stating the

90 DATE OF OPERATION

underlying

saw the deceased alive an_

21b. TIME OF INJURY

P.M

21e. PLACE OF INJURY

HOUR A.M.

DEGREE MD

19

Jul

ATTENDING 22e ADDRESS

CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIV

21f. LOCATION

MEDICAL DIRECTOR PHYSICIAN

20a AUTOPSY

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, P

STAFF

COUNTY

23a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

23b. DATE 5/26/79 23c. NAME OF CEMETERY OR CREMATORY King Memorial Park

13d LOCATION CITY OR TOWN
Baltimore County,

CITY OR TOWN

and that in (my) (cor) apinion death accurred on the date and haur and fram the causes stated

Md.

STATE

DHMH - 16 50M 1/76 (VR A 15 (4) }

TO FUNERAL DIRECTOR: A should be detached for use with the Stote Dept. of Heal

been signed by the atter rmit. Then please remave prior to buriol, cremotion,

for use as the burial-transit permit. of Health and Mental Hygiene prio

certificate hos

OR ATTENDING PHYSICIAN: The

retained by the hospital or

HOSPITAL

or other troum

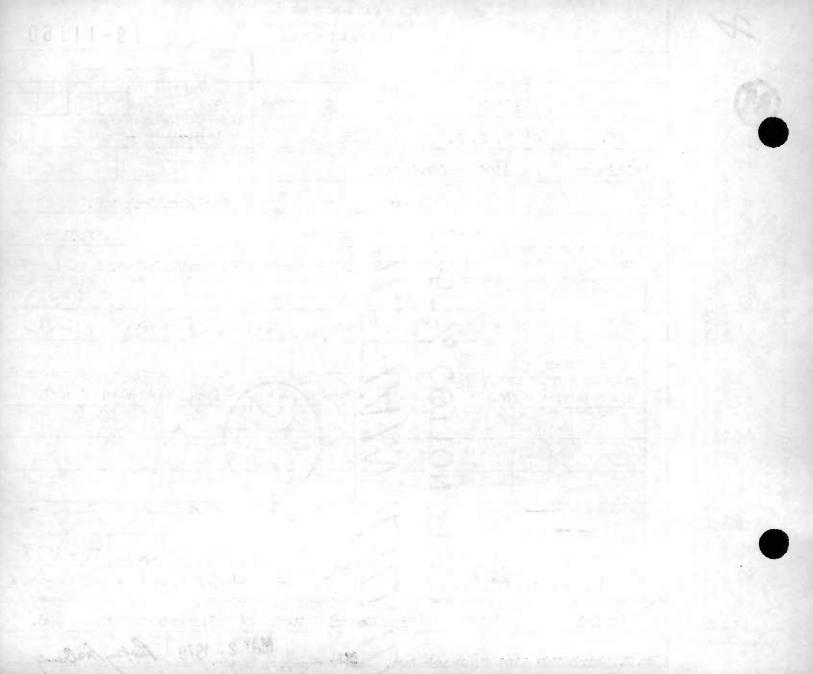
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MPORTANT: If them

24. FUNERAL DIRECTOR

ADDRESS



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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.	13-	1 1	101
1		CEASED NAME FIRST	MIDDLE	ı	AST		INTH DAY	YEAR	2b HOUR
	(Tire	JAM:	ES Hobart	В	ARR	4	5 14	79	٨
1	3. SEX	X	4 RACE	5 DATE C		6 AGE (IN YEARS LAST BIRTHD		RIYEAR	IF UNDER 24 HRS
		Male	Black	6 MONTH	8 14 14 AR	64	YRS.	DAYS	HOURS MIN.
		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	ITRY? 8	D NEVER MARRIED	BALTIMORE CITY OR	COUNTY OF DE	ATH	
3	6.0	Okla.	II S A	WIDOWE		Baltimore	e City		M
0		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE 301 MC Mec	STREET ADDRESS)	Apt 603	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W		KIND OF DUSTRY	BUSINESS OR
4	USUA	Laltimore AL RESIDENCE (IF NURSING HOME O				1			
1	13a S	STATE 136 COL	JNTY 13c. CITY OR	NOON	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS			
4	14 5 4	Md	IBalt	imore_	YES NO NO NO NAME NAME NAME NAME NAME NAME NAME NAME		c Mech	en s	St
		FIRST	MIDDLE LAS	т	FIRST	MIDDLE		LAST	
Z.		Jnknown			Unknown				
		VAS DECEASED EVER IN U.S. A	RMED FORCES? 16b SOCIAL	SECURITY NO.	17 INFORMANT	ADDRESS			
	,_	No		16-2675	Rosa Burg	ess 3606 0	ld Fre	deri	ick Rd
		PART I. DEATH WAS CAUS IMMEDIA Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A CONS	stive her sequence of oscleratio	coronary a	rtery dise			AATE INTERVAL NSET AND DEATH
	Y	couse (0), stoting the underlying couse lost	DUE TO, OR AS A CONS	SEOUENCE OF					
	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDIT	ION GIVEN IN I	PART 1(o	
2	ERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	/HICH OPERATIO	N WAS PERFORMED		Ob. IF YES, WERE N CERTIFYING O		
1	0	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINE)		H DAY YEAR	21c. HOW INJURY OCCURE			PART 2)	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, O	DEFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	cou	INTY	STATE
	2	sow the deceased olive o obove, (I) (we) (did) (did n	pital) attended the deceased from 100 motors are the body after death.	19.79 or	nd that in (my) (our) opinion o	to		rom the c	
		226. SIGNATURE May	40		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	_/	5/12	5/79
		22d. PHYSICIAN'S NAME TYPE			22e. ADDRESS	1 4	0 11	/	
		Ellis Me	e Z		827 61	nden Ave.	Ba /to., 1	Md.	2120
	23a B	BURIAL, CREMATION, REMOVA	L 23b. DATE	23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY		STATE
	(-	arecuri)	F /3 C /50						

TO HOSPITAL

TO FUNERAL DIRECTOR: After this

OR ATTENDING

etoined by the hospitol

DHMH - 16 50M 1/76 (VR A 15 (4))

24 FUNERAL DIRECTOR

Wm. C. March F/H

250. DATE REC'D. BY REGISTRAR 25h. HEGOTTHAN S 517 Cremation Westview Memori. 15/16/79

1101 E. North Ave. 1979

Taken Code Vol. 1 Program a model 157 the Code Vol. Ash which the Chypric own name is sold the source.

STATE OF MARYLAND

CHARLE NEWS TOWNER OF THE STATE OF THE STAT requires that the death certificate be executed within 24 haurs after

ATTENDING PHYSICIAN: The law

and campletely filled in by the funeral director ages I and 2 shauld be filled within 72 hours off

STATE O	FMARYLAND
STATE O	FMARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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- 1	J		1	-	- 6	U	0

3 SE) 7a. BII 7a. BII 10 C1 13a. S 14. FA	Female IRTHPLACE (STATE OR FO OUNTRY) ATYLAND ITY OR TOWN OF DEA BALTIMOR AL RESIDENCE (18 NURS STATE Md. ATHER'S NAME FIRST Donald WAS DECEASED EVER YES, NO OR UNKNOWN) NO	The CITIZEN U.S. ITH II. NAME IF NOT IN ST ING HOME OR OTHER INSTITUTE Baltimore MIDDLE IN U.S. ARMED FORCE (IF YES, GIVE WAR OR DATE: WHICH COULD TO THE COUNTY H (Enter only one couse IN CAUSE DE TO THE COUNTY) DUE TO THE COUNTY which nediote	AGNES AGNES TITLE AGNES	S DATE OF MONTH JULY RANGE WIDOWE OF ADDRESS HOSPITARE ADMISSION WILL ADDRESS WILL	9, 1935 NEVER MARRIED DIVORCED DO OTHER INSTITUTION	MAY 25 4 AGE (IN YEARS LAST BIRTHE 43 YEARS 9 BALTIMORE CITY OR BALTIMORE 17a USUAL OCCUPATIO 1TYPE OF WORK FOR MOST OF IT HOUSEWIFE 13e. STREET ADDRESS 4 Poolside ME ADDRES Bauer, 4 Po	ADATH DAY YEAR 5, 1979 IF UNDER 1 YEAR ACOUNTY OF DEATH RECITY ON 126 KIND WORKING LIFE) INDUSTRY 2 Ct. Apt 11 Zang 55 21228 polside Ct.	HOURS MIN. MIOF BUSINESS OR 3 21228
3 SEX 7a, BII CC M2 10 C1 13a S	Female IRTHPLACE (STATE OR POONTRY) aryland ITY OR TOWN OF DEA BALTIMOR AL RESIDENCE (# NURS STATE Md. ATHER'S NAME FRIST Donald WAS DECEASED EVER YES, NO OR UNKNOWN) NO 18 CAUSE OF DEAT PART I. DEATH W Conditions, if ony, gove rise to imm couse (o), statin	PREGN 76. CITIZEN U.S. VIH 11. NAME (# NOT III. RE ST ING HOME OR OTHER INSTITUTED MIDDLE IN U.S. ARMED FORCE (# YES, GIVE WAR OR DATE: WHICH THE ONLY ONE COUSE AS CAUSED BY: IMMEDIATE CAUSE TO Which Inediate Which Inediate	of WHAT COUNTRY S. A. OF HOSPITAL, NURS: N SUCH FACILITY, GIVE STREE TITION, GIVE RESIDENCE BEFORE 13t. CITY OR TO Catons LAST Ville 52 16b SOCIAL SEC 215-30- Per Inclor (o), (b) O. OR A A SEC	S DATE COMONTH JULY RARRIE WIDOWE COMON HOSPI SHE ADMISSION WITH A DEPT NO. 8033 MENCE OF	9, 1935 NEVER MARRIED DIVORCED DIVORCED DIVORCED DIVO	43 years 9 BALTIMOR 17a USUAL OCCUPATIO 1TYPE OF WORK FOR MOST OF HOUSEWIFE 13a. STREET ADDRESS 4 Poolside ME ADDRES Bauer, 4 Po	PART OF DEATH RECITY ON ROBING LIFE) 126. KIND INDUSTRY Ct. Apt 11 Zang S5 21228 polside Ct.	7:20 pg R IF UNDER 24 HBS HOURS MIN. M OF BUSINESS OF 3 21228 Apt.1B
76. BII CC ME CC M	Female IRTHPLACE (STATE OR FO OWNTRY) aryland ITY OR TOWN OF DEA BALTIMOR AL RESIDENCE (# NURS STATE Md ATHER'S NAME FRIST Donald WAS DECEASED EVER YES, NO OR UNKNOWN) NO 18 COMMISSION OF DEAT PART I. DEATH W Conditions, if ony, gove rise to imm couse (o), statin	Wh. DREIGN 7b. CITIZEN U.S. ITH 11. NAME (# NOT IR ST ING HOME OR OTHER INSTITUTE MIDDLE IN U.S. ARMED FORCE (IF YES, GIVE WAR OR DATE: WHICH THE OR ONLY ON THE OTHER INSTITUTE WHICH OR OTHER INSTITUTE THE OTHER OTHER OTHER INSTITUTE WHICH OTHER OTHER OTHER OTHER OTHER OTHER OTHER WHICH OTHER OTHER OTHER OTHER OTHER WHICH OTHER OTH	OF WHAT COUNTRY S. A. OF HOSPITAL, NURSIN SUCHFACILITY, GIVE STREE AGNES ITION, GIVE RESIDENCE BEFO 13c. CITY OR TO: Catons LAST Ville SS? 16b. SOCIAL SEC 215-30- Per Inclor (0), (b) O, OR AA A SEO	MARRIE WIDOWE CE TO ADDRESS HOSPI WN VILLE 11a CURITY NO. 8033 MENCE OF	PAY 1935 NEVER MARRIED DONORCED DONORC	43 years BALTIMOR BALTIMOR 170 USUAL OCCUPATIO ITYPE OF WORK FOR MOST OF THOUSEWIFE 130. STREET ADDRESS 4 Poolside ME ADDRES Bauer, 4 Po	MONTHS DAYS PRODUCTIVE TO THE PRODUCT OF DEATH RECITY DN 12b KIND INDUSTRY PRODUCTIVE TO THE PRODUCT OF THE	MOF BUSINESS OF 3 21228 Apt.1B
10 CI 10 CI 13a S 14. FA	RTHPLACE (STATE OR FOODWARY) AT YOUR OF DEAD BALTIMOR ALRESIDENCE (IF NURS STATE Md. ATHER'S NAME FIRST Donald WAS DECEASED EVER YES, NO OR UNKNOWN) NO 18 CAUSE OF DEAT PART I. DEATH W Conditions, "If ony, gove rise to imm couse (o), statin	The CITIZEN U.S. ITH II. NAME IF NOT IN ST ING HOME OR OTHER INSTITUTE Baltimore MIDDLE IN U.S. ARMED FORCE (IF YES, GIVE WAR OR DATE: WHICH COULD TO THE COUNTY H (Enter only one couse IN CAUSE DE TO THE COUNTY) DUE TO THE COUNTY which nediote	OF WHAT COUNTRY S. A. OF HOSPITAL, NURSIN SUCHFACILITY, GIVE STREE AGNES ITION, GIVE RESIDENCE BEFO 13c. CITY OR TO: Catons LAST Ville SS? 16b. SOCIAL SEC 215-30- Per Inclor (0), (b) O, OR AA A SEO	July AARRIE WIDOWE ING HOME CET ADDRESS) HOSPI THE ADMISSION W VILLE 11a TURITY NO. 8033	9, 1935 XX NEVER MARRIED DO DIVORCED DO OTHER INSTITUTION TAL 134 INSIDE CITY LIMITS? YES NO XX 15. MOTHER'S MAIDEN NA FRST Letitia 17 INFORMANT Mr. Louis J.	BALTIMORE CITY OR BALTIMOR 12a USUAL OCCUPATIO ITYPE OF WORK FOR MOST OFF HOUSEWIFE 13a. STREET ADDRESS 4 Poolside ME ADDRES Bauer, 4 Po	YRS RCOUNTY OF DEATH RECITY ON 126 KIND INDUSTRY DE Ct. Apt 11 Zang 55 21228 Dolside Ct.	MOF BUSINESS OF
10 CI 10 CI 13a S 14. FA	ATHER'S NAME FIRST DONALD ACTIONN OF DEA ALTIMOR ALTESIDENCE # NURS THER'S NAME FIRST DONALD NO 18 CAUSE OF DEAT! PART I. DEATH W Conditions, if ony, gove rise to imm couse (o), statin	ITH IT NAME (F NOT RE) IN U.S. ARMED FORCE (IF YES, GIVE WAR OR DATE: MIDDLE IN U.S. ARMED FORCE (IF YES, GIVE WAR OR DATE: MIEITHER ONLY ONE COUSE AS CAUSED BY: IMMEDIATE CAUSE TO DUE TO which nediote	S.A. OF HOSPITAL, NURSING SIRES AGNES ITION, GIVE RESIDENCE BEFORM ITION, GIVE RESIDENCE BEFORM Catons LAST Ville SS? 166 SOCIAL SEC 215-30- Per Interior (o), (b) O, OR AA A SEO	MARRIE WIDOWE ING HOME CO ET ADDRESS) HOSPI DRE ADMISSION) WN VIIIE 11a CURITY NO. 8033	NEVER MARRIED DONORCED DONORCE	BALTIMORE CITY OR BALTIMOR 12a USUAL OCCUPATIO ITYPE OF WORK FOR MOST OFF HOUSEWIFE 13a. STREET ADDRESS 4 Poolside ME ADDRES Bauer, 4 Po	CCUNTY OF DEATH RECITY RECITY RECTANT RECTAN	B 21228 Apt.1B
Mg 10 C1 10 C1 13a S 14. FA	BALTIMOR ALRESIDENCE IN NURS STATE Md. ATHER'S NAME FIRST Donald NAS DECEASED EVER YES, NO OR UNKNOWN) NO 18 CAUSE OF DEAT! PART I, DEATH W Gover rise to imm couse (o), statin	IN U.S. ARMED FORCE (IF YES, GIVE WAR OR DATE) H. (Enter only one couse of AS CAUSED BY: which hediote IN U.S. ARMED FORCE (IF YES, GIVE WAR OR DATE)	OF HOSPITAL, NURSIN SUCH FACILITY, GWE STREE AGNES ITON, GIVE RESIDENCE BEFOR ITON, GIVE RESIDENCE BEFOR ITON, GIVE RESIDENCE BEFOR ITON Catons Ville SS? 166 SOCIAL SEC 215-30- POR MARCH SEC O. OR AN A SEC	WIDOWE ING HOME OF ADDRESS) HOSPI PRE ADMISSION) WITTE 11a CURITY NO. 8033	DIO DIVORCED DIOR OTHER INSTITUTION TAL 134 INSIDE CITY LIMITS? YES NO XX 15. MOTHER'S MAIDEN NA FRST Letitia 17 INFORMANT Mr. Louis J.	17:e USUAL OCCUPATIO ITYPE OF WORK FOR MOST OF HOUSEWIFE 13:e. STREET ADDRESS 4 Poolside ME ADDRES Bauer, 4 Po	Zang 55 21228 polside Ct.	B 21228 Apt.1B
10 CI USUA 13a. S 14. FA	BALTIMOR ALRESIDENCE IS NURS STATE Md. ATHER'S NAME FIRST Donald WAS DECEASED EVER YES, NO OR UNKNOWN) NO 18 CAUSE OF DEAT! PART I, DEATH W Conditions, if ony, gove rise to imm couse (o), statin	IN U.S. ARMED FORCE (IF YES, GIVE WAR OR DATE) H. (Enter only one couse of AS CAUSED BY: which hediote IN U.S. ARMED FORCE (IF YES, GIVE WAR OR DATE)	OF HOSPITAL, NURSIN SUCH FACILITY, GWE STREE AGNES ITON, GIVE RESIDENCE BEFOR ITON, GIVE RESIDENCE BEFOR ITON, GIVE RESIDENCE BEFOR ITON Catons Ville SS? 166 SOCIAL SEC 215-30- POR MARCH SEC O. OR AN A SEC	ET ADDRESS) HOSPI HOSPI WE ADMISSION WN VILLE 11a URITY NO. 8033 and ICL WENCE OF	TAL 134 INSIDE CITY LIMITS? YES NO XX 15. MOTHER'S MAIDEN NA FRST Letitia 17 INFORMANT Mr. Louis J.	17:e USUAL OCCUPATIO ITYPE OF WORK FOR MOST OF HOUSEWIFE 13:e. STREET ADDRESS 4 Poolside ME ADDRES Bauer, 4 Po	Zang 55 21228 polside Ct.	3 21228 Apt.1B
36 13a S 36 14. FA 3 16a W	AL RESIDENCE 18 NURS STATE Md. ATHER'S NAME FRIST Donald WAS DECEASED EVER YES, NO OR UNKNOWN) NO 18 CAUSE OF DEAT PART I. DEATH W Conditions, if ony, gove rise to imm couse (o), statin	IN U.S. ARMED FORCE (IF YES, GIVE WARF OR DATE: HEITHER ONLY MIDDLE IN U.S. ARMED FORCE (IF YES, GIVE WARF OR DATE: HEITHER ONLY AS CAUSED BY: IMMEDIATE CAUSE TO DUE TO which nediote	AGNES ITION, GIVE RESIDENCE BEFOR 134. CITY OR TOV Catons Ville SS? 146 SOCIAL SEC 215-30- Per Per Indion (0), (b) O. OR A A A SEO	HOSPI DE ADMISSION) WN VIIIE 11a CURITY NO. 8033 INDICATE OF	13d INSIDE CITY LIMITS? YES NO XX 15. MOTHER'S MAIDEN NA FRS1 Letitia 17 INFORMANT Mr. Louis J.	Housewife 13e. STREET ADDRESS 4 Poolside ME ADDRES Bauer, 4 Po	Zang Zang 55 21228 polside Ct.	B 21228
13a S 14. FA	Md. ATHER'S NAME FIRST Donald WAS DECEASED EVER YES, NO OR UNKNOWN) NO 18 CAUSE OF DEAT! PART I. DEATH W Conditions, if ony, gove rise to imm couse (o), statin	MIDDLE IN U.S. ARMED FORCE (IF YES, GIVE WAR OR DATE: WHICH THEY ONLY ONE COUSE AS CAUSED BY: IMMEDIATE CAUSE TO DUE TO which nediote	Ville (S2 166 SOCIAL SEC) (C) (C) (C) (C) (C) (C) (C) (C) (C) (VIIIe 11a CURITY NO. 8033 MENCE OF	YES NO XX 15. MOTHER'S MAIDEN NA FRS1 Letitia 17 INFORMANT Mr. Louis J.	ADDRES Bauer, 4 Po	Zang SS 21228 Solside Ct.	Apt.1B
30 16a W	ATHER'S NAME FIRST Donald WAS DECEASED EVER YES, NO OR UNKNOWN) 18 CAUSE OF DEAT! PART I. DEATH W Conditions, if any, gove rise to imm couse (o), statin	MIDDLE IN U.S. ARMED FORCE (IF YES, GIVE WAR OR DATE: H (Enter only one couse 'AS CAUSED BY: IMMEDIATE CAUSE to DUE TO which nediote	Ville (SS? 166 SOCIAL SEC) (215-30- (21	VIIIe 11a 11a 8033 and C	15. MOTHER'S MAIDEN NA FRST Letitia 17. INFORMANT Mr. Louis J.	ADDRES Bauer, 4 Po	Zang SS 21228 Solside Ct.	Apt.1B
30 16a W	PART I. DEATH W Conditions, if any, gove rise to imm couse (0), statin	IN U.S. ARMED FORCE (IF YES, GIVE WAR OR DATE: H (Enter only one couse 'AS CAUSED BY: IMMEDIATE CAUSE to DUE TO which nediote	Ville (S2) 166 SOCIAL SEC (S3) 215-30- (S4) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A	8033 and ich a complete of	Letitia 17 INFORMANT Mr. Louis J.	ADDRES Bauer, 4 Po	Zang SS 21228 Solside Ct.	Apt.1B
(4	NAS DECEASED EVER YES, NO OR UNKNOWN] NO 18 CAUSE OF DEAT PART I. DEATH W Conditions, if ony, gove rise to imm couse (o), statin	IN U.S. ARMED FORCE (IF YES, GIVE WAR OR DATE: H (Enter only one couse 'AS CAUSED BY: IMMEDIATE CAUSE to DUE TO which nediote	Ville (S2) 166 SOCIAL SEC (S3) 215-30- (S4) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A	8033 and ich a complete of	Letitia II INFORMANT Mr. Louis J.	Bauer, 4 Po	Zang SS 21228 Solside Ct.	Apt.1B
y, or other roomer even, in a reco	NO 18 CAUSE OF DEAT! PART I. DEATH W Conditions, if ony, gove rise to imm couse (o), statin	H (Enter only one couse AS CAUSED BY: IMMEDIATE CAUSE to DUE TO which nediote	215-30-	8033	Mr. Louis J.	Bauer, 4 Po	olside Ct.	Apt.1B
	NO 18 CAUSE OF DEAT: PART I. DEATH W Conditions, if ony, gove rise to imm couse (o), stating	H (Enter only one couse AS CAUSED BY: IMMEDIATE CAUSE (o which (b nediote	215-30- e per l'ne lor (a), (b) co caralli D, OR AVA CA SEQ)	DENCE OF	1.4	12 = 4		
ATION	Conditions, if any, gave rise to improve (o), statin	DUE TO which nediote	per Inelor (o), (b) (OVIII) O, OR AS A SASSEQ	DENCE OF	1.4	12 = 4		
- Z X	PART 2 OTHER SIGN	lost.	O, OR AS A CONSEQUENCE OF SECULOR FOR WHICH	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR COND 20a AUTOPSY?	DITION GIVEN IN PART 1 206. IF YES, WERE FIND IN CERTIFYING CAUSE	INGS USED
	5/28/	19	13			YES NO	YES 🗌	NO 🗌
MEDICAL CE	21a. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDIC	ALEXAMINER)	AE OF INJURY R.A.M. MONTH (P.M.	DAY YEAR		RED (ENTER NATURE OF INJURY	Y IN ITEM 18, PART 1 OR PART 2)	
WED	216 INJURY OCCURR	(AT HOM	ACE OF INJURY NE. STREET, FACTORY, OFFICE	FARM, ETC J	211 LOCATION STREET	CITY OF TOWN	N COUNTY	STATE
. W Refin & 1 to 11.5.		(this hospital attende	d the deceased from		nd that in M (our) opinion DEGREE ATTENDING	_ MEDICAL STAFF	te and hour and from the	, that (we) la e causes stated E SIGNED
-	22d. PHYSICIAN'S NA	AME (TYPE OR PRINT)			PHYSICIAN L	DIRECTOR PHYSICIA	ALL D	1
		TKAL V. SH	ENOY		900 CATON	AVE BALT	IMORE MD	21220
73a. B	BURIAL, CREMATION,	REMOVAL 236. DATE	E 23c.	NAME OF C	EMETERY OR CREMATORY	236 LOCATION CITY OR TOWN	COUNTY	STATE
(5	Burial	5/21	9/79 B	altimo	re National	Baltimore	e City Ma	rvland
24 FL		11//			24. 07.00d16 DA1	F REC'D BY PEGISTRADITE	Sh. REGISTBAR'S SCHA	URE

DHMH-16 20M (VRA 15, 4) 7/7B

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	FOR
-	STATE
	REGISTRAF

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-1116	4
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1		REGISTRAR		CERTIF	CATE OF DEATH	REG. NO.	19-11104		
١		CEASED NAME FIRST	MIDDLE	V	AST	20. DATE OF DEATH MO	ONTH DAY YEAR 2b. HOUR		
	(TIPE	Gertru	de F.	BAUL	MER	Mav	10 1979 8 30 4		
1	3. SEX		4 RACE	S. DATE O		& AGE (IN YEARS LAST BIRTHD	AY) IF UNDER 1 YEAR IF UNDER 14 HRS		
ı		Female	White	Jan	-1 -0	86	MONTHS DAYS HOURS MIN.		
,		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY?	NEVER MARRIED	9. BALTIMORE CITY OR	COUNTY OF DEATH		
		Illinois	U.S.A.	WIDOWE	DINORCED [Baltimor			
_	-	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	RSING HOME O	R OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V			
/	_	ilto.	100 W. Col		ng Lane	Housewife	Own Home		
1	13a S	TATE 136 COU		TOWN	134. INSIDE CITY LIMITS?	13e. STREET ADDRESS			
>	_	ld.	Balt	0.	YES NO		ld Spring Lane		
'n	14 FA	THER'S NAME FIRST	MIDOLE LAST		15 MOTHER'S MAIDEN NAM	MIDGLE	tAST		
9		TO LEU	C. Fur		Bertha	W.	Kramer		
1	(Y	VAS DECEASED EVER IN U.S. A (ES, NO OR UNKNOWN) (IF YES, GF	VE WAR OR DATES)	SECURITY NO.	17 INFORMANT	ADDRES	and the same of th		
		No	146-3	6-7465	Mrs. J. R.	Bibby B	alto., Md.		
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	inly one couse per line for (01, (b	, and ici	1001		BETWEEN ONSET AND DEATH		
-			ATE CAUSE (a)	4)001	wy		30 see.		
		410-	DUE TO, OR AS A CONSE	PUENCE OF	margin & B	provery	102000		
		Conditions, if any, which (b) COUNTY (b)							
1		couse (a), stofting the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF							
1			(c)						
1	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CONDI	TION GIVEN IN PART T(a)		
	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WE	HICH OPERATION	N WAS PERFORMED		206. IF YES, WERE FINDINGS USED		
2	TIFK					YES NOT	IN CERTIFYING CAUSES OF DEATH? YES NO NO		
	CER	21a. ACCIDENT WAS UNDERLYING		TALL MEAN	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR PART 2)		
	¥	OR CONTRIBUTING CAUSE OF DE		DAY TEAR					
	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF		211 LOCATION STREET	CITY OR TOWN	COUNTY STATE		
	\$	WHILE NOT WHILE AT WORK	(AT HOME, STREET, PACTORY, OF	FICE, FARM, ETC.)		0100	12 ~=		
1		22a I certify that (I) (this hosp	utal) attended the deceased fro	am Yuly	12 19 74		19 Ly, that (I) We last		
		sow the deceased alive a obave, (1) (ve) (dd n	at) view he bady after death.	19 79 . da	d that in (my) (aur) apinian o	death occurred on the date	e and hour and from the couses stated		
		226. SIGNATURE	7.70 4	4.10	DEGREE		22c. DATE SIGNED		
		Mulle	· Janue	ou.	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	ND 5-10-79		
П		224. PHYSICIAN'S NAME (TYPE	OR PRINT		77e ADDRESS				
		William F.	Fritz M.D.		2 W. Univ	ersity Par	kway, Balto.,Md.		
	23e. B	URIAL, CREMATION, REMOVA	L 23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	236. LOCATION CITY OR TOWN	COUNTY STATE		
	,,	Burial			f Heaven	Hanover	N.J.		
	24 FU	INERAL DIRECTOR	AGDRES	21	OLK HO.	REC'D. BY REGISTRAR 25	Eifry Me Creaty		
	He	enry W. Jenk	ins & Sons C	o.Balt	o., Md. MAY	1 1 19/9	infrag/		

DHMH-16 20M (VRA 15, 4) 7/78

TO FUNERAL DIRECTOR.

should be detached for use as the burial-transit permit. Then please remave carban pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

ATTENDING PHYSICIAN:

19-11164

the substitute

(VR A 15 (4))

STATE OF MARYLAND

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	amining					5.6
		insta		Dan Lowell	61	odla
	Salan Salan					
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	Abgeweg	enul dila	a Proprioring			
	Abgrees					
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	Abgress					Pulm
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	N VAN	8.280	drito rais	istinon - i M		

make and water the the same

res that the death certificate be

must be notified at ance.

injury, ar other traumatic event, the medical exami

should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial, gri

IMPORTANT: If Item 21 is marked or Item 18 shaws any

TO FUNERAL DIRECTOR: After this certificate has bee

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physicia the attending physician and campletely filled in by the furniernove carbanpapers. Pages 1 and 2 should be filed within

STATE OF MARYLAND

79-11					
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	-	4	_		- 1

	1-	STATE REGISTRAR		DEFARIT		ICATE OF DEATH	REG. NO.	9-11	166
		CEASED NAME FIRST		AIDOLE		AST	20. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
3	,,,,,	ELI	ZABETH	S. BE	CACHA	M	MAY 29,	1979	7:20Am
h	3. SE>		4 RACE		S. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	
		F	N		MONT	20 PEZ YEAR	76 Y	MONTHS DAYS	HOURS MIN
		RTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIEI	NEVER MARRIED	9. BALTIMORE CITY OR COU	NTY OF DEATH	
5		MD.	US	17	WIDOWE		BALTO.	CITY	MD.
1	10 CI	TY OR TOWN OF DEATH		OSPITAL, NURSIN		OR OTHER INSTITUTION	120. USUAL OCCUPATION		OF BUSINESS OR
5		BALTO	CHU	RCH	140	SP	SEWING	AGTIFE) INDUSTRI	
	USUA 13a. S	L RESIDENCE (IF NURSING HOME OF		GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS		
5		MD -	_	BALT	-0	YES NO		ELDER	RRY ST
	14. FA	THER'S NAME	MIDDLE	LAST	·	15. MOTHER'S MAIDEN NA			
Ü		TOHN	BizLI	LOCK		LOUISE	MILLER	U	AST
			MED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRESS		
	(Y	ES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	21720	1998	JOSEPH	J. BEACHAM	n A	BOUE
		18. CAUSE OF DEATH (Enter or	nly one couse per	line for (o), (b), on	dic CA.	RDIOPULMONA	RY FAILURE	APPRO BETWEEN	XIMATE INTERVAL NONSET AND DEATH
ď	200	PART I. DEATH WAS CAUSE IMMEDIA	ED BY: TE CAUSE (0)	EXRMXOR	EXXX	RATORXXRAXE	MRK	LV DEST	
	-00	1991	DUE TO OF	R AS A CONSEOU	ENCE OF				
		Conditions, if ony, which	(b)	RESPIRA	TORY	FAILURE, B	ILATERAL PNE	UMONIA	
		gove rise to immediate couse (a), stating the					IATED CARCIN		'H
		underlying couse lost.		EXTENSI	VE I	NTRA-ABDOMI	NAL NODAL ME	TASTASI	S
		PART 2. OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 1	(0)
	NO N	EMACIATION,	INABIL	ITY TO	COUG	H AND CLEAR	BRONCHOPULM	ONARY T	REE
,	CERTIFICATION	DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED		YES, WERE FIND	
	E I	5-2-79, 5-8-	CA	RCINOMA	WIT	H METASTASI	S YES NO X	YES [NO [
	GE	210. ACCIDENT WAS UNDERLYING	216. TIME O				RED (ENTER NATURE OF INJURY IN ITEM	1B, PART 1 OR PART 2)	
	AL	OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINER)	AIB		AY TEAK	The second second			
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE C	OF INJURY		211. LOCATION			
	¥	WHILE NOT WHILE AT WORK	(AT HOME, STR	EET, FACTORY, OFFICE, F	ARM, ETC.)	STREET	CITY OR TOWN	COUNTY	STATE
		220 I certify that (I) (this hosp sow the deceased alive or	ito attended the	deceased from_	MA	Y 1, 19 79	to MAY 29,	19_79_	, that (1) we) ast
	300	sow the deceased alive or above, (hand) (did no	NAY Z	ofter death	79_, or	nd that in (my) (our opinion	death accurred on the date and	hour and from the	e couses stated
		22b. SIGNATURE				DEGREE		22c. DAT	ESIGNED
		Ashurh.		M.D.		•	MEDICAL STAFF DIRECTOR PHYSICIAN	572	9/79
		22d. PHYSICIAN'S NAME (TYPE O		M D		22e ADDRESS CHURC	CH HOSPITAL C	ORPORA	TTON
		ASHWIN I.	MEHTA,	м.р.			ADWAY, BALTI		
	23a. B	URIAL, CREMATION, REMOVAL	236 DATE	236.1	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE

SECURITI

BP

23. BURIAL CREMATION, REMOVAL
(SPECIFY)

24. FUNERAL DIRECTOR

NAME

J. C. CONNELL DHMH - 16 50M 7/77 (VR A 15 (4))

300 MACE

BALTO PROCESS MA 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGN ATURA 1979

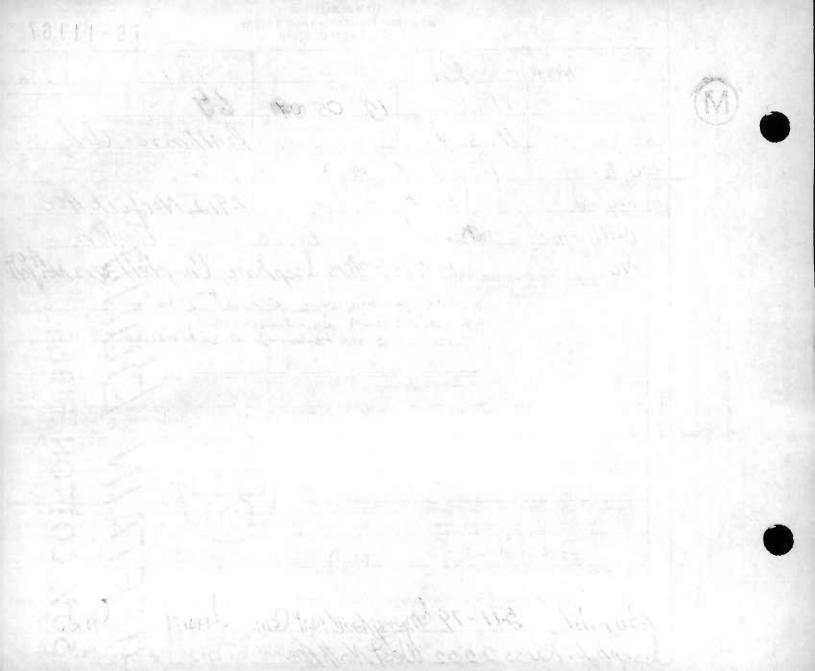
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH DECEASED NAME BEATTY (TYPE OR PRINT) ALBERT 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. OAYS HOURS -27.1912 TO BIRTHPLACE ISTATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED OUNTRY BALTIMORE MARYLAND WIDOWED DIVORCED [18. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS BALTO ELECTRICAN DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 136 COUNTY filled ould b 13c. CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? BALTO 2908 ERDMAN 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIOOLE HARLES ICHAELS EATTY 160. WAS DECEASED EVER IN U.S. ARMED FORCES? H INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY: KLES 45 Monlebs IMMEDIATE CAUSE (o' AMERIOSCLEROTE Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF CONGESTIVE FAILULE underlying couse lost PART 2. OTHER STIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ğ CERTIFICATION 0 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO [Item 18 sho 71n ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21f. LOCATION 21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.] CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased olive on_ and that in (my) (and) opinion death occurred on the date and hour and from the causes stated obove, (1) (we (did) (did not) view the body ofter death 22h SIGNATUR DEGREE 27c DATE SIGNED ATTENDING MEDICAL TO FUNERAL (should be deto with the Stote (be deto e Stote [PHYSICIAN | DIRECTOR PHYSICIAN MPORTANT. 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 23b. DATE 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 231. NAME OF CEMETERY OF CEMETERY STATE CITY OR TOWN BP RUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. RD DHMH - 16 50M 7/77 (VR A 15 (4))

9 3 1 1 1 - 2 7 - 1 1 1 6 8 AN ARIS CONTRACTOR OF THE STATE WAS THE RESIDENCE AND THE WAS THE PARTY OF THE WAS THE THE REST CONTRACTOR OF THE PROPERTY OF THE PROPERTY OF THE PARTY OF TH 10/25 program into Flat Castage | RI-9-51 Swinger Links to the wife of the best of the property of the property

STATE OF MARYLAND 79-11169 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH 1. DECEASED NAME 7:56 (TYPE OR PRINT) May 29, 1979 Franklin Paul Beavin 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) 3 SFX 5 DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS Nov. 26, 1908 Male Caucasian TO BIRTHPLACE STATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Md. USA Balto. City 18 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) Public Health INDUSTRY Balto.City Mechanic BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISS 136 COUNTY Balto. 2027 St. Paul St. 13d. INSIDE CITY LIMITS? pluc Md. 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Geo. F. Beavin Martha Murphy E. ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT I HE YES, GIVE WAR OR DATES! (YES, NO OR UNKNOWN) Records- US PHS Hospital 218-10-4618 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) Respiratory insufficiency PART I. DEATH WAS CAUSED BY 12 hrs. IMMEDIATE CAUSE 10 DUE TO OR AS A CONSEQUENCE OF Unknown Pancreatic carcinoma with Conditions, if any, which gave rise to immediate DUE TO, OR AS A CONSEQUENCE multiple metastases couse (a), stating DIVISION OF VITAL RECORDS, 201 W. underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 140 CERTIFICATION prior 19n DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? be YES NO YES [NO F urial-tronsit p 210. ACCIDENT WAS UNDERLYING 71h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M the bu 211. LOCATION ò 21d INJURY OCCURRED 71e PLACE OF INJURY CITY OR TOWN COLINTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE ed NOT WHILE WHILE AT WORK AT WORK 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased glive on May 29 and that in (my) (aur) apinion death occurred on the date and haur and from the couses stated above, () (we) (did) (did hat) view the body after death DEGREE 22c DATE SIGNED 5/29/79 ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 220 ADDR55 00 THE PHENCIAN'S NAME (TYPE OR PRINT Wyman Parkway ould be J. Ausman, Balto, Md. 21211 RGB 23d LOCATION 236 NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE COUNTY STATE (SPECIFY) Baltimore, Westview Mem. Park Buria] 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DHMH - 16 60M 1/75 A. Alan Seitz Funeral Home 3818 Roland Ave. (VR A 15 (4))

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	on Parkway		61 10	emana . 5 . Pa

REG NO

26 HOUR

HOURS

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

STATE

IF UNDER 24 HRS IF UNDER 1 YEAR

BALTIMORE CITY OR COUNTY OF DEATH

12b. KIND OF BUSINESS OR

INDUSTRY Retired

Benninghaus Rd. -21212

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

YES [

COUNTY

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

22c DATE SIGNED

Joppa Road: Towson, Md. 21201

STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Miller Inc-6415 Belair Rd. -21206

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DHMH - 16 50M 7/77 (VR A 15 (4))

FOR

- STATE

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on , who are the rest in 121

		1	1	FOR	D.		OF MARYLAND EALTH AND MENTAL HYG	PIENE		
Ø	(3)	No	1.	STATE REGISTRAR	Di di		ICATE OF DEATH	REG. NO.	79-11	171
	(BAY			CEASED NAME FIRST OR PRINT)	MIDDLE	,	AST	20. DATE OF DEATH	ONTH DAY YEAR	2b. HOUR
	1			Frunk	7	Bela	de		16 79	10°1 AM
	ge 4 ma		3.5E	Male	White	5. DATE C		6. AGE (IN YEAR) LAST BIRTHE		
	neath. Pa	35	C	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COL	NTRY? 8. MARRIEI WIDOWE	NEVER MARRIED	BALTIMORE CITY OR	COUNTY OF DEATH	MD.
10	other of	32	10. CI	3 altinor	11. NAME OF HOSPITAL,		ROTHER INSTITUTION	120. USUAL OCCUPATION		OF BUSINESS OR
ND 212	24 hour	333	USU. 130 S		ROTHER INSTITUTION, GIVE RESIDEN		13d. INSIDE CITY LIMITS?	136 STREET ADDRESS	ninten A	21226
WARYLA	at within appeting and 2 sh	275	14. FA	THERS NAME John		lada, Sr	15. MOTHER'S MAIDEN NA	ME	Dunce	ast har.
MORE.	e execute	medicol		VAS DECEASED EVER IN U.S. AF VES, NO OR UNKNOWN) (IF YES, GIV		07-6055	17 INFORMANT 48	12 Penring Charles J.		
05, 201 W. PRESTON ST.,	pures, that the death certification is seen that the attending photos is being the please tempore corboration, or remo	ivry, or other traumatic even	NOI	Canditions, if any, which gave rise to immediate cause 101, stating the underlying cause last. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CON	NSEQUENCE OF	concert cuncer 1	3	TION GIVEN IN PART I	(a)
AL RECOR	he law reconn.	1 Aug 1 Aug 2	CERTIFICATIO	IVE DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATION	N WAS PERFORMED	20€ AUTOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUSE YES []	INGS USED S OF DEATH?
OF VIII	CIAN: T p physic entitions altrans mal Hyg	9	¥	21s. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DE (# EITHER, HOTEY MEDICAL EXAMINER	HOUR A.M. MON	TH DAY YEAR	21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJURY	N ITEM 18, PART T OR PART 2)	
DIVISION	offerhing the flux of the bor tond Me	red or	MEDIC	ZIA INJURY OCCURRED	216 PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	211, LOCATION STREET	CITY OR TOWN	COUNTY	STATE
•	prior or TTENDIN prior or TCR. At for use a of Height	21 is ma		22a I certify that (1) this hosp	oital) attended the deceased		d that in (my) (aur) apinion	, ta	and haur and from the	, that (I) (we) last e causes stated
	At OR A At DIREC distracted distracted one Dept	d, II bem	18	The Signature Consider	Ros		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	1 - A	ESIGNED
	TO HOSPITAL interiored by the TO FUNERAL I should be deto with the Stote C	PORTAN		PHYSICIAN S NAME (THE	MS		Oniversit	, Md	Hospita	
250	BP	3	73a 8	URIAL CREMATION, REMOVAL Burial	236. DATE 5/19/79		emetery or Crematory ross Cemete	23d LOCATION CITY OR TOWN Pry Baltimor	e Anne Ai	state rundel M
	DHMH - 16 50M 7/77 (VR A 15 (4))	7	24. FU M.C.	MERALDIRECTOR Funer	al Home of	Curtis	DO VI	Y 1 8 1979	fisting the	Credy

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1			1	FOR STATE			EALTH AND MENTAL HYG	IENE	79-11	172
10) /			REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	. 19-11	112
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	E NA B		3. SE>		4. RACE	5. DATE C	F BIRTH	6 AGE (IN YEARS LAST BIRTI	HDAY) IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
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	P dis		7a. BII	RTHPLACE (STATE OR FOREIGN	Th CITIZEN OF WHAT C	OUNTRY? 8.	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	·
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	ter de he fui withi		HL CI	OR TOWN OF DEATH	11. NAME OF HOSPITA (IF NOT IN SUCH FACILITY	AL, NURSING HOME (, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF		BUSINESS OR
201	by th	f. C	E	Month	11 1/	ABINE	TON HO			
213	hour d in		13g. S	L RESIDENCE (IF NURSING HOME OF		DENCE BEFORE ADMISSION)	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS	202211	201 10
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MARYLAND 2120	wrthin letely d 2 sh		14 FA	THER'S NAME	WIDDLE	LAST	15. MOTHER'S MAIDEN NA	ME MIDDLE	O LAST	r
	amplet ond 2			HENKY		FLL	117	* * * * * * * * * * * * * * * * * * * *	DEZL.	
BALTIMORE,	e executed n and camp Pages 1 an		16a. ∨ {Y	'AS DECEASED EVER IN U.S. AR	EWAR OR DATES) 766. SO	CIAL SECURITY NO.	17. INFORMANT Zett	a ADDRE	11 1/ 102	11 1 M
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	equires in signe Then p		Z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBE	UTING TO DEATH BUT	NOT RELATED TO THE TERM	IIINAL DISEASE OR CON	SITION GIVEN IN PART TIO	
O	, e = .e	_	ATIC	190, DATE OF OPERATION	196 CONDITION FO	OR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDIN	
DIVISION OF VITAL RECORDS,	hos b	9	CERTIFICATION					YES T NOT	IN CERTIFYING CAUSES	OF DEATH?
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- 14	TEN TOR TOR	2		saw the deceased alive or above, (1) (we) (did) (did) a			nd that in (my) (our) opinion	death occurred on the do	ate and hour and from the	causes stoted
	OR ATT OR ATT DIRECT DIRECT Doched for Dept. or	E		22b. SIGNATURE) and 1 ==	**	DEGREE		22c. DATE	SIGNED
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	- 9 111 9 10	4	1	22d. PHYSICIAN'S NAME (TYPE C	OR PRINT)	_	22e. ADDRESS	in Law	10 13-27 An	1215 ×
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200	Sho Sho	<u> </u>	23o. E	URIAL, CREMATION, REMOVAL		23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	COUNTY	/ STATE
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	DHMH - 16 50M 1/76		24. FI	INERAL DIRECTOR		ADDRESS	25a. DAT	E REC'D. BY REGISTRAR	256. REGISTRAR'S SUCNAT	JRE .
	(VR A 15 (4))		VZ	P114 0, 1/12	77 4/200	1185010	HOTS, WAT	T 9 13/3	and the state of	7

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	1. DE	ECEASED NAME FIRST	MIDDLE	ı	AST	2a. DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
M)		JAMES	A.	В	ELL	5	-7-79	VI pm
	3 SE	X	RACE	5 DATE C	DE BIRTH	AGE (IN YEARS LAST BIRTI	MONTHS DAY	
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72 ho		HRTHPLACE (STATE OR FOREIGN 7	CITIZEN OF WHAT COUN	MARRIE	NEVER MARRIED	_	R COUNTY OF DEATH	
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by the fu		BALTIMORE	NAME OF HOSPITAL, N	HOSPIT	A L	MATERIAL	F WORKING LIFE) INDUSTR	C CO.
ld be	USU 130	AL RESIDENCE (IF NURSING HOME OR C STATE 136 COUNT	THER INSTITUTION, GIVE RESIDENCE TY 13c. CLTY OF	E BEFORE ADMISSION)	136 INSIDE CITY LIMITS?	FINIS	HER	1
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0	_	JOHN		LL	FANNY			YLER
Poges medico		WAS DECEASED EVER IN U.S. ARM (YES, NO OR UNKNOWN) (IF YES, GIVE Y	MED FORCES? 166 SOCIAL WAR OR DATES)	SECURITY NO.	17 INFORMANT	ADDRE		
the me		NO	212-0	5-2031	GERTRUDE E. B	BELL, 1809	ARBUTUS AVE	
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mit.	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINE	
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rons Hyg	8	210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH	H DAY YEAR	21c HOW INJURY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2	1
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Dep Dep		22b SIGNATURE			DEGREE ATTENDING	MEDICAL STAF		TE SIGNED
by the ERAL Store	-	22d. PHYSICIAN'S NAME LTYPE OR				DIRECTOR PHYSIC		1110
Para Para		J. HEAL	J					
shoul MPO		1			1311 FRANCIS		ALTIMORE, M	D. 21227
20	73a	BURIAL, CREMATION, REMOVAL (SPECIFY)	23b. DATE		EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE MADSZT AND
RY	74 5	BURIAL UNERAL DIRECTOR	05-10-79	MEADOWR	IDGE MEM. PK.	ELKRIDGE	HOWARD 25b. REGISTBAR'S SIMPLE	MARYLAND
DHMH-16 20M (VRA 15, 4) 7/78		NAME	AOORE TAIC A 1		ZIZZ) MIVA	9 1979		bushy
,	HU	BBARD FUNERAL HO	JME, INC., 41	LU/ WILKE	IND AVE.	- 1070	0 '/	

STATE OF MARYLAND

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME LAST 20. DATE OF DEATH DAY 2b. HOUR (TYPE OR PRINT) 02:40 4 RACE 3. SEX 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH YEAR HOURS 23 5 To BIRTHPLACE 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** ISTATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTR B2/timore mashoreman DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 MSUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 130 STATE 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 3015 CliFton timoro 15. MOTHER'S MAIDEN NAME 4. FATHER'S NAME MIDDLE MIDDLE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS 17 INFORMANT IYES, NO OR UNKNOWN) I HE YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND GEAT 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY. nen IMMEDIATE CAUSE (0) OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 CERTIFICATION 0 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES T NO I 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21f. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY ō CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK AT WORK 220.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death. DEGREE 22c. DATE/SIGNED ATTENDING MEDICAL STAFF with the Store DIRECTOR PHYSICIAN FUNERAL PHYSICIAN NAME (THE OFFENT) 22e ADDRESS ould be 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL CREMATION, REMOVAL 23b. DATE STATE CITY OR TOWN COUNTY Arbutus Memorial Pk. Md. 5/7/79 Arbutus, Burial 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 7/77 (VRA 15(4)) Wm. C. March F/H 1101 E. North Ave.

17111-85 MAY a 1570 - Cape Andrews

BALTO., 21224.MD.

FOR

(VR A 15 (4))

STATE OF MARYLAND

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medical control	a a service of the property of the service of the s	

FOR STATE REGISTRAR

notified

medical exam

IMPORTANT: If them 21 is marked or Item 18 shows any injury, or other traumatic event, the TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physici should be detached for use as the burial-transit permit. Then please remove carbon poper with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal.

completely filled in by the

attending physician and co

executed within 24 hours of

requires that the death certificate be

TTENDING PHYSICIAN: The low offending physician.

retained by the haspital TO HOSPITAL

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

79-11176

- 1								REG. NO.			
1		CEASED NAME FIRST OR PRINT)		MIDDLE	l	AST		20 DATE OF DEATH MONTH	DAY YEAR	2b. HOL	
1	(,,,,,	WILS	SON	L.	ВІ	ENSON	SR.	5/8/	79	3:1	17 A
- 1	3 SEX	х	4 RACE		5. DATE C	OF BIRTH		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER	R 24 HRS
		M	W		MONTH 4	20	15	64 YPS	MONTHS DAYS	HOURS	MIN.
	7a BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?				9 BALTIMORE CITY OR COUNT	Y OF DEATH		
1	CC	OUNTRY) IARYLAND		S.A.	MARRIE	DE NEVERA		BALTIMORE			
2	-	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN	WIDOWE		ORCED	120 USUAL OCCUPATION	12b. KIND O	AE DITE IN	MD.
1				TAGNES			11011014	(TYPE OF WORK FOR MOST OF WORKING		AL BOSIA	E33 OK
1	11611	BALTIMORE AL RESIDENCE (IF NURSING HOME				FILAL		GUARD	BALTO). G	& E
1	13a S	STATE 13b COL	UNTY	13c CITY OR TOW	/N	134 INSIDE C	ITY LIMITS?	134 STREET ADDRESS			
2		RYLAND		BALTIMO	RE	YESXX	NO 🗌	1643 S. Hano	ver St.	2123	30
	14. FA	THER'S NAME FIRST	MIDDLE	LAST			MAIDEN NAM	WE	LAS	ST	
2		CHARLES		BENS	ON	M	ARGARET		BRIC	GGS	
٦		VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFORMA	NT	ADDRESS			
		NO		218-05-	3160	RUTH	I. BENS	SON, 1643 HANOVE	R STREET	r, 21	1230
		18 CAUSE OF DEATH (Enter	only one couse per	line for (a), (b), an	d (C)	4			APPROXI	MATE INTE	RVAL
1		PART I. DEATH WAS CAUS	SED BY.	4 ntuse	e An	acu,	to Mu	ocardial &	1/2/6		
		1/10 - IMMEDI						DC WALL OV	7	/ //	
		Cardinas it as 111	DUE TO, O	RAS A CONSEQUI	ENCE OF	DOY	000	0 100.	+ Anna		1
		Conditions, if ony, which gove rise to immediate	(b)	Hemest-	Cong	MICA	1	ison of the	and rev	uj c	<u>w</u>
		cause (a), stating the underlying cause last.	DUE TO, O	R AS A CONSEQU	ENCEOF	, ,	- 10 -	the Gods	xab. 0	7	1.
1			(c)		AI	MOS	aen	bail and	rysen	an	CXIX
1	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CONDITION G	IVEN IN PART 14	0 '	
4	CERTIFICATION	IA DAYE OF ODEDAYION	LINE COLUB	TION CORNELING	ODER ATIO		0	Lee AUTORGY? Ten IS VI	ES WEDE SHIDE	100.000	
١	ICA	190 DATE OF OPERATION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20a AUTOPSY? 20b. IF YI	ES, WERE FINDIN IFYING CAUSES	OF DEA	D TH?
4	ETI							44	YES 🗌	NO [
		218 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		FINJURY M. MONTH D.	AY YEAR	21c HOW IN	JURY OCCURR	ED (ENJER NATURE OF INJURY IN ITEM 18	, PART I OR PART 2)		
-	CAL	(IF EITHER, NOTIFY MEDICAL EXAMINE	LA		19						
	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY REET, FACTORY, OFFICE, F	TABLE STC)	211 LOCATIO	N	CITY OR TOWN	COUNTY		STATE
	2	WHILE NOT WHILE AT WORK	(Al Home, sir	CET, FACTORT, OFFICE, I	ARM, ETC.)						1812
		220.1 certify that (1) (this has	pital) ottended th	e deceased from_			, 19		., 19,	that (I) (we) lost
		saw the deceased alive of abave, (1) (we) (did) (did)	on	19	. 01	nd that in (my)	(aur) opinion o	death occurred on the date and ho	our and from the	causes st	oted
1		22b. SIGNATURE	nat) view the bady	atter death.		DEGREE			22c. DATE	SIGNED	
		V.X v	Vin	now	1		TTENDING	MEDICAL STAFF	. 5	101	701
Н		224 PHYSICIAN'S NAME TYPE	OR BRINT)		1	220 ADDRES	PHYSICIAN L	DIRECTOR PHYSICIAN	7 (0//	0
		1/. (1)	KUMA	12			4	AT nee +	test	mot	~
4		1.30	(01 ())				>1	111031	, 0/2		
	23a. B	BURIAL, CREMATION, REMOVA SPECIFY)	L 23b. DATE			EMETERY OR C		236. LOCATION CITY OR TOWN	COUNTY		ATE
	_	TOMBMENT	05-11-	-79 CE	DAR H	ILL MAU		BROOKLYN PK.		MARY	LAND
	24 FL	UNERAL DIRECTOR		ADDRESS		21229		REC'D. BY REGISTRAR 256. REGIS	TRAR'S SENAT	URE	9
	TIT	IDDADD EIMEDAT	HOME TA	IC /.107	UTTU	ENIC ATTE	MAY	J 19/9 1	Hayrr at	1	

DHMH-16 20M (VRA 15, 4) 7/78

HUBBARD FUNERAL HOME.

INC.

4107 WILKENS AVE,

91111-8:

ALIS BUMNAT

M* 1 22 24 35 SPANOS.

2 1114314

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-11177

1	FOR - STATE REGISTRAR		DEPARTM		HEALTH AND MENTAL HYGI FICATE OF DEATH	REG. NO	75	3-11	1//	
	PECEASED NAME FIRST		MIDDLE		LAST		MONTH	DAY YEA	R Zb HC	OUR
4	Fanni	e		B.	erfeld		5	4 7	9 2::	30P M
3. S		4. RACE			OF BIRTH	6 AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER 1 Y		ER 24 HRS
	FEMALE	WHI	TC	JUL		78	YRS		AYS HOURS	MIN.
	BIRTHPLACE ISTATE OR FOREIGN		WHAT COUNTRY?	8	114	9 BALTIMORE CITY O			н	
	COUNTRY)	,, ,		WIDOW	ED NEVER MARRIED	City	of (Balto		***
	LITHUANTA CITY OR TOWN OF DEATH			G HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATION			ND OF BUSIN	MD NESS OR
1	Balto		ercy Hos		al	SALESLADY	WORKING	SHC		
USI 13a	UAL RESIDENCE (IF NURSING HOME							1 0111		
3		IMORE	PIKESVIL		13d INSIDE CITY LIMITS?	136 STREET ADDRESS	AVE.	#21208		
	FATHER'S NAME			100	15. MOTHER'S MAIDEN NAM	ΛE				
1	A BRAHAM	MIDDLE	LIPMAN		RENA	e WIDDIE		PRU	ICE	
	WAS DECEASED EVER IN U.S.		16b SOCIAL SECUI	RITY NO.	17. INFORMANT	ADDRE	SS #	21208	OL	
4	(YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	217-22-6	019A	PHILIP BERFEL	D 3202 OLD			APT.	4
	18. CAUSE OF DEATH (Enter	anly and cause on			THILLI DENG DE	0.0000000000000000000000000000000000000			PROXIMATE INT	TERVAL
	PART I. DEATH WAS CAU	SED BY:	Ventr	-	ar stands	c++ 11		BEIW	EEN ONSEL AN	ND DEATH
	IMMEDI	ATE CAUSE (a)			<u>ar</u> <u>Qrana</u> ,	21111				
	2500	DUE TO, O	R AS A CONSEQUE		C +	1	1 -	rt fa	1	
	Conditions, if any, which gove rise to immediate	(b)	chronic	, 6	tractory con	grative	rear	rira	Ture	
	cause (a), stating the underlying cause last	DUE TO, O	R AS A CONSEQUE	NCE OF		,				
		(c)	~	-	liabetes, at	heroseler	OTIC		ease.	
17		CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION G	GIVEN IN PAR	T 1(a)	
_ ₽	hyp					GREET STATES				
CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	ON WAS PERFORMED	20a AUTOPSY?		res, Were fil Tifying Cau		
1 1						YES NO	1	YES 🗌	NO	
3	210. ACCIDENT WAS UNDERLYING	216. TIME C	FINJURY M. MONTH DA	V VEAD	21c. HOW INJURY OCCURRI	ED (ENTER NATURE OF INJUR	Y IN ITEM 18	8, PART 1 OR PART	2)	
IA.	OR CONTRIBUTING CAUSE OF I		~ ^^ .	1 19						
MEDICAL	21d. INJURY OCCURRED	21e. PLACE	OF INJURY		21f. LOCATION					
2	WHILE NOT WHILE T	(AT HOME, ST	REET, FACTORY, OFFICE, FA	ARM, ETC.)	SIREET	CITY OR TOW	N	COUNTY		STATE
	220.1 certify that (I) (this has	pital) attended th	e deceased from	apri	£ 3 19.79	10 May	4	19 79	_ tho (I)	(we) lost
	saw the deceased alive	May !	19	79.	nd that ((my Naur) apinion d	leath occurred on the do	ite and h	our and fram	the causes	
	22b. SIGNATURE	not) view the body	atter death.		DEGREE			22c. D	ATE SIGNE	D
	77	0	MI		MIN ATTENDING	MEDICAL STAF			-1.1-	70
-	22d. PHYSICIAN'S NAME (TYPE	do DDINITI	15 com		PHYSICIAN	DIRECTOR PHYSIC	IAN	12	14/1	7
1		N	1	- /	Man	. 4/	11			
-	Gregor	4 111	clorma	RCK	Mercy	1705P17	91			
230.	BURIAL, CREMATION, REMOVA				CEMETERY OR CREMATORY	23d. LOCATION		COUNTY	MARYI	STATE
L	BURIAL				AKOV CONG.	BALTIMORE				
24	FUNERAL DIRECTOR SOL	LEVINSON	V & BROS.	, INC	25a DATE	REC'D. BY REGISTRAR	Dh. Cal	ETHAR'S AIC	N TURE	,

6010 REISTERSTOWN RD., BALTO., MD 21215

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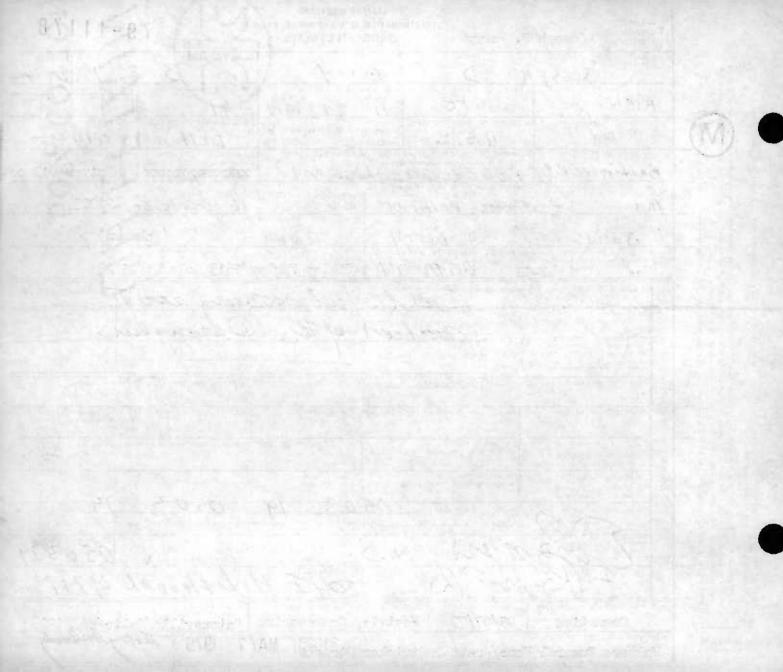
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DHMH - 16 50M 1/76 (VR A 15 (4))

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1111-01

	FOR STATE	Townsh D			ALTH AND MENTAL HYGI	ENE	79-11	178
	REGISTRAR	Joseph D	. Berry	CERTIFIC	CATE OF DEATH	REG NO	D.	
I. D	ECEASED NAME	FIRST	WIOOFE	LAS	T	20. DATE OF DEATH	MONTH DAY YEAR	2b. HOL
(1)	FE ORPRINI)	Juseph	D	Be	rry		5 3 79	lin
3 S	EX		RACE :	5. DATE OF		6. AGE (IN YEARS LAST BIRTI	HDAY) IF UNDER 1 YEAR	IF UNDE
	Male		white	MONTH //	* 1917	61	YRS.	HOURS
	BIRTHPLACE (STATE	E OR FOREIGN 76	CITIZEN OF WHAT COU	NTRY? 8	☐ NEVER MARRIED ☑	BALTIMORE CITY O	R COUNTY OF DEATH	
15	Md		U,S.A.	WIDOWED		Balti	more city	/ Cit
10.	CITY OR TOWN OF	F DEATH , 11	. NAME OF HOSPITAL, N		OTHER INSTITUTION	12a USUAL OCCUPATION	ON 12b. KIND O	F BUSIN
34	Baltimo	re City	Bon Seco	ours Ho	SpitAl	XXXXXXXXXXXXXX		r-Oi
7 US	UAL RESIDENCE (IF	F NURSING HOME OR OT	HER INSTITUTION, GIVE RESIDENCE 13c. CITY OF		3d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	04000	
20 /	na	36833	xxxxxx Bal	/ / / /	YES NO		e 57, 21223	3
14.1	FATHER'S NAME	MID	DLE LA		5 MOTHER'S MAIDEN NAM	NE MIDDLE	LAS	T
50	Julie	LS		erry	JENNY		(Unknown) 7	
, 16a		EVER IN U.S. ARME		L SECURITY NO. 1	17 INFORMANT	ADDRE	SS	
160	Yes, no or unknown	(IF YES, GIVE W.	_ ////// //	9-9101	Violet Furle	v/1613 Cole	St/21223	
			one cause per line formal,	(6)	/		APPROXI	MATE INT
	PART I. DEA	TH WAS CAUSED E	3Y:	on dia	land want	near 11.	10718	
	1100	IMMEDIATE	CAUSE (0)	ovaro,	Much beach	2	4	-
	16d	7	DUE TO OR AS A CON	economics of	a when	150		
				SEQUENCEON	0141	(6) Ann.	101115	
	Conditions, if		1 b Ca	nicer	ofthe	Oron	churs	10
	gove rise to	immediate stating the	1 6 Ca	man	of the	(from	alus	
	gove rise to	immediate stating the	DUE TO: OR AS A CON	man	of the	() bron	clus	
2	gove rise to couse (o), underlying of PART 2 OTHER	immediate stating the couse last	DUE TO, OR AS A CON	M CENT	9 HUR OT RELATED TO THE TERMI	NAL DISEASE OR COND	DITION GIVEN IN PART 100	01
	gove rise to couse (o), underlying of PART 2 OTHER	immediate stating the couse last	DUE TO OR AS A CON	G TO DEATH BUT N				
	gove rise to couse (o), underlying of PART 2 OTHER	immediate stating the couse last	DUE TO, OR AS A CON	G TO DEATH BUT N		20a. AUTOPSY?	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES	NGS USI
RTIFICATION	gove rise to couse (o), underlying of PART 2 OTHER	immediate stating the couse last	DUE TO OR AS A CON (E) NDITIONS CONTRIBUTION 196. CONDITION FOR V	SEQUENCE OF	WAS PERFORMED	20a. AUTOPSY? YES NO	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES [NGS USI
CERTIFICATION	gove rise to couse (o), underlying of PART 2 OTHER	immediate stating the course lost	DUE TO OR AS A CON	SEQUENCE OF		20a. AUTOPSY? YES NO	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES [OF DEA
CERTIFICATION	gove rise to couse (o), underlying of PART 2 OTHER	immediate stating the couse last	DUE TO OR AS A CON OUTTONS CONTRIBUTION 196. CONDITION FOR V 216. TIME OF INJURY	SEQUENCE OF G TO DEATH BUT N WHICH OPERATION H DAY YEAR 19	WAS PERFORMED 21c HOW INJURY OCCURRI	20a. AUTOPSY? YES NO	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES [OF DEA
	gove rise to couse (o), underlying of PART 2 OTHER 190 DATE OF OF OF OR CONTRIBUTING (IF EITHER, NOTIFY).	immediate stating the couse lost SIGNIFICANT COI PERATION AS UNDERLYING COURSE OF DEATH MEDICAL EXAMINER)	DUE TO OR AS A CON 19b. CONDITION FOR V 21b. TIME OF INJURY HOUR A.M. MONT P.M. 21e PLACE OF INJURY	SEQUENCE OF G TO DEATH BUT N WHICH OPERATION H DAY YEAR 19	WAS PERFORMED	20a. AUTOPSY? YES NO	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES 12 YIN ITEM 18, PART 1 OR PART 2)	NGS USI OF DEA NO
MEDICAL CERTIFICATION	gove rise to couse (D), underlying of part 2 OTHER 190 DATE OF OF 210. ACCIDENT W. OR CONTRIBUTIONS (IF EITHER, NOTIFY) 21d. INJURY OF WHILE TO WHILE TO ME.	immediate stating the couse lost SIGNIFICANT COI PERATION AS UNDERLYING COUSE OF DEATH MEDICAL EXAMINER)	DUE TO OR A5 A CON IET NOTITIONS CONTRIBUTION 198. CONDITION FOR V 216. TIME OF INJURY HOUR A.M. MONT P.M.	SEQUENCE OF G TO DEATH BUT N WHICH OPERATION H DAY YEAR 19	WAS PERFORMED 21c HOW INJURY OCCURRI	200. AUTOPSY? YES NO CONTROL OF INJUR	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES 12 YIN ITEM 18, PART 1 OR PART 2)	NGS US OF DEA NO
	PART 2 OTHER 190 DATE OF OF 210. ACCIDENT W. OR CONTRIBUTION (IF EITHER, NOTHY). 21d. INJURY OC WHILE AT WORK	immediate stating the course lost SIGNIFICANT COI PERATION AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINE®) COURRED NOT WHILE AT WORK	DUE TO OR AS A CON 19b. CONDITION FOR V 21b. TIME OF INJURY HOUR A.M. MONT P.M. 21e PLACE OF INJURY	SEQUENCE OF G TO DEATH BUT N WHICH OPERATION H DAY YEAR 19 OFFICE, FARM, ETC.)	WAS PERFORMED 21c HOW INJURY OCCURRI	200. AUTOPSY? YES NO CONTROL OF INJUR	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES 12 IN ITEM 18, PART 1 OR PART 2) COUNTY	NGS US OF DEA NO
CERTIFICATION	PART 2 OTHER 190 DATE OF OF 210. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTHY). 210. INJURY OC WHILE AT WORK 220.1 certify the	immediate stating the couse lost SIGNIFICANT COI PERATION AS UNDERLYING G	DUE TO OR AS A CON NOTIONS CONTRIBUTION 19b. CONDITION FOR V 21b. TIME OF INJURY HOUR A.M. MONT P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, of the deceased)	SEQUENCE OF G TO DEATH BUT N WHICH OPERATION H DAY YEAR 19 OFFICE, FARM. ETC.)	WAS PERFORMED 21c HOW INJURY OCCURRI	200. AUTOPSY? YES NO CENTER NATURE OF INJUR CITY OR TOW	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES 19 IN ITEM 18, PART 1 OR PART 2) ON COUNTY 19 19 19 19 19 19 19 19 19 19 19 19 19 1	NGS US OF DEA NO
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MEDICAL	PART 2 OTHER 190 DATE OF OF 210. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY). 21d INJURY OC WHILE ATWORK	immediate stating the couse lost SIGNIFICANT COI PERATION AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER COURRED NOT WHILE AT WORK Of (I) (this hospital executed allow)	DUE TO OR AS A CON NOTIONS CONTRIBUTION 19b. CONDITION FOR V 21b. TIME OF INJURY HOUR A.M. MONT P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, of the deceased)	SEQUENCE OF G TO DEATH BUT N WHICH OPERATION H DAY YEAR 19 OFFICE, FARM. ETC.) from	WAS PERFORMED 21c. HOW INJURY OCCURRI 21l. LOCATION STREET 10 3 19 9 19 19 19 19 19 19 19 19 19 19 19 1	20g. AUTOPSY? YES NO CITY OR TOW CITY OR TOW eoth occurred on the do	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES YES (1) YIN ITEM 18, PART 1 OR PART 2) YOU COUNTY 22c. DATE 22c. DATE	NGS USI OF DEA NO
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MEDICAL	gove rise to couse (D), underlying of the part 2 other 21g. Accident woor contribution (if either, notify). 21d. Marchael North 22d Injury oc while at work 22g. I certify the part of th	immediate stating the course lost SIGNIFICANT CO PERATION AS UNDERLYING AUGUST AUGUST AS UNDERLYING AS UNDERLYI	DUE TO OR A5 A CON NOTIONS CONTRIBUTION 19b. CONDITION FOR V 21b. TIME OF INJURY HOUR A.M. MONT P.M. 21c PLACE OF INJURY (AT HOME, STREET, FACTORY, V) oftended the deceased	SEQUENCE OF G TO DEATH BUT N WHICH OPERATION H DAY YEAR 19 OFFICE, FARM. ETC.) from DE M. D 23c. NAME OF CEA	WAS PERFORMED 21c. HOW INJURY OCCURRI 21l. LOCATION STREET 19 19 that in (my) (our) opinion d EGREE ATTENDING PHYSICIAN	ZOO. AUTOPSY? YES NO CITY OR TOW CITY OR TOW AMEDICAL STAF DIRECTOR PHYSIC AMEDICAL PHYSIC AMEDICAL STAF DIRECTOR PHYSIC	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES YES (1) YIN ITEM 18, PART 1 OR PART 2) YOU COUNTY 22c. DATE 22c. DATE	that (1) couses s SIGNED



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DED ADTMENT OF HEALTH AND MENTAL HYCHENE

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	1-	STATE REGISTRAR	Widdi	CERTIFICATE OF DEATH REG. NO. 79-1117						19		
		CEASED NAME FIRST ARCIR	BIANCHI				MAY 3 TEL 79 113					
	3. SEX	TALE	ALE Caucasian				3 6	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER MONTHS DAYS HOURS				
7		RTHPLACE (STATE OR FOREIGN DUNTRY) TALY	76. CITIZEN OF WHA	T COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED DIVORCED		Baltimore City C	R COUNT	and the second	Y MD.	
1		32 1 to	11. NAME OF HOSE (IF NOT IN SUCH FACE Baito			Sp. +AC		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 120. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) 121. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 121. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 121. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) 122. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) 123. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) 124. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) 125. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORK FOR WO				
3	13a. S	AL RESIDENCE (IF NURSING HOME OR TATE THE COUN	TY 13c.	RESIDENCE BEFORE, CITY OR TOWN Balto	ADMISSION)	13d. INSIDE CITY LIMIT. YES NO [e STREET ADDRESS	Hig	hland	Ave	
10		4 M 13 rogio		LAST ANCHI		15. MOTHER'S MAIDEN HEIRST ALI		WidarE	(lami"	st/li	
1		(AS DECEASED EVER IN U.S. AR. es, no or unknown) (IF yes, give	WED FORCES? 16b. WAR OR DATES)	SOCIAL SECUR	1731	Bruno 4	140	MID BIA	iss . NCH.		MATE INTERVAL ONSET AND GEATH	
	TION	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT COLLABOR AUTO	ONDITIONS CONTR	A CONSEQUENCE TO DE	NCE OF			uhosio Lune ALDISEASE OR CON				
1	MEDICAL CERTIFICATION	19a. DATE OF OPERATION			PERATIO	N WAS PERFORMED		200 AUTOPSY?	IN CERTI	S, WERE FINDING CAUSES		
7		21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA (IF ETHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER) AT WORK NOT WHILE AT WORK	21b. TIME OF IN. HOUR A.M. P.M. 21b. PLACE OF IN. (AT HOME, STREET, F.	MONTH DA	19	21f. LOCATION STREET	CURRED	CITY OR TO		PART 1 OR PART 2) COUNTY	STATE	
		22a.1 certify that (1) (this haspi saw the deceased alive an abave, (1) (we) (did) (did no 22b. SIGNATURE	may 30 view the body often	197		d that in (my) (aur) api DEGREE ATTENDIN PHYSICIA	VG _ /	th accurred on the d	FF _ /			
1		Kenneth L	- Glich			P 64 . 4	none	e City H	tospi	tel		
	(:	urial, cremation, removal Barial	23b. DATE 5/7	9 Ho	AME OF C	Redeener Production		23d. LOCATION CITY OR TOWN BULTI EC'D. BY REGISTRAR			state y/and	
	Z	INERAL DIRECTOR NAME FUNCE	al Horice	ADDRESS	5, Co	NELIAE SM	IAY 7	1979	Pay	tray hel	ready	

DHMH - 16 50M 7/77 (VR A 15 (4))

retained by the haspital ar attending physician.

IMPORTANT: If Hem 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be not

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be fought the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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injury, or other troumotic

IMPORTANT: If them 21 is marked or them 18 shows ony

should be detached for use os with the State Dept. of Health TO FUNERAL DIRECTOR:

STATE OF MARYLAND	AND
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DED ADTMENT OF HEALTH AND MENTAL HYCIENE

Ì	1 -	STATE REGISTRAR		DEFARIA		ICATE OF D	EATH	79-1118U					
		PECEASED NAME FIRST MIDDLE				AST	20. DATE OF DEATH MONTH DAY YEAR 26. HOUR,						
	3. SEX	1. LAWRence	4. RACE		5. DATE C	SPIDTU		5-25-/9 JP M 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS					
						DAY	YEAR	HO		MONTHS DAYS		IN	
	70. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTR				04 06 00			9. BALTIMORE CITY OR COUNTY OF DEATH					
3		DUNTRY)	2.5	THAT COUNTY	MARRIED NEVER MARRIED WIDOWED DIVORCED			Baltimore, City MD.					
	10 CT	TY OR TOWN OF DEATH		HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION			120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY					
3	Br	altimore	South P	3Altimor		veral t	lospital	(III E OF WORK TOK MOST OF	WORKING	1400311			
X	13a. S	LESIDENCE (IF NURSING HOME OF TATE 136 COUN	OTHER INSTITUTION, ITY	GIVE RESIDENCE BEFORE 134. CITY OR TOW		136. INSIDE CI YES 🔼	TY LIMITS?	136 STREET ADDRESS	Ani	nor	ct.		
	14. FA	THER'S NAME FIRST	MIDDLE	_ LAST			MAIDEN NAM	MIDDLE			AST	311	
Ø	0	iames		Bigs		FlizAl	neth			Hai	7999		
		(IF YES, GIVE	MED FORCES? WAR OR DATES)	166 SOCIAL SECU	RITY NO.	17. INFORMAL	n n'	ADDRE	SS	i, N	lash D	.C.	
		NO I		ane cause per line far (a), (b), and (c).				Slas 1212 Jalbert St. S.					
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Conditions, if any, which gove rise to immediate cause (0), stating the underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)											(a)		
7	CERTIFICATION	19a DATE OF OPERATION	19b. CONDI	ITION FOR WHICH	OPERATIO	N WAS PERFOI	RMED	200 AUTOPSY? YES NO	IN CERT	'ES, WERE FIND TIFYING CAUSE YES []			
,	MEDICAL CER	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE- (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	HOUR A.	m. month da m.	19	21f. LOCATIO		ED (ENTER NATURE OF INJUR		3, PART 1 OR PART 2) COUNTY	STATE		
		22a.1 certify that (I) (this hospin saw the deceased alive an abave, (I) (we) (did) (did not 27b. SIGNATURE	les ch	25 19	6	DEGREE A F	TTENDING PHYSICIAN [neath occurred an the do	FF		, that (I) (we) e causes stated		
		FLeiscl	RPRINT)	n Mig	vel	22e ADDRESS	uTh	Balto	6	ene	PAL		

BP.

DHMH - 16 50M 7/77 (VR A 15 (4))

230. BURIAL, CREMATION, REMOVAL (SPECIFY) 23b. DATE 5/29/79 Burial

23c. NAME OF CEMETERY OR CREMATORY Calvary Cem.

Anne Arundel Co. Md.

24 FUNERAL DIRECTOR NAME C. Ma 1101 E. North Ave. March F/H

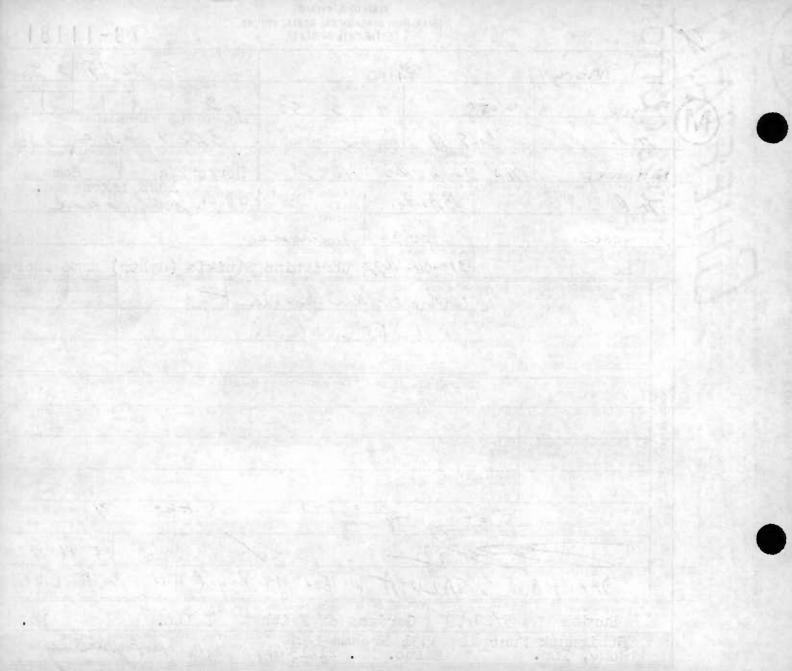
250. DATE REC'D. BY REGISTRAR 256 BEGISTRAR'S SIGNATURE

08111-07 to Anner Ch The Asset of the Asset of the Asset of the Asset of the TO SECRETARY THE FIRST SECRETARY SEC BALTIMORE, MARYLAND 2120

PRESTON ST.,

DIVISION OF VITAL RECORDS,

STATE OF MARYLAND



FIRSTWILLIAM

NO [

2a. DATE OF DEATH 25- 79 4 15pm

9 BALTIMORE CITY OR COUNTY OF DEATH Baltimore City

126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Railroad Conductor

REG. NO

13e. STREET Conton R.R. 16008 Falls Road

LAST

William Bitzer

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [

> COUNTY STATE

22c. DATE SIGNED

CHURCH HOSPITAL CORPORATION BALTIMORE MARYLAND31

Woodlawn Balto. Md. 5/29/79 Lorraine Park Cem. 24. FUNERAL DIRECTOR Loring Byers Funeral Director \$550 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

8728 Liberty Rd. Randallstown, Md. 21133MAY

DHMH - 16 50M 7/77 (VR A 15 (4))

Burial

BP

FOR

REGISTRAR

DECEASED NAME

- STATE

29-11-82 ASSTATE TO THE TOTAL OF U FOR

- STATE

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO T 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinian death occurred an the date and have and fram the causes stated 22c. DATE SIGNED MARYLAND 24. FUNERAL DIRECTOR SOL LEVINSON & 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE BROS., INC. DHMH - 16 50M 7/77 Metresdy (VR A 15 (4)) BALTO, MD 21215 6010 REISTERSTOWN RD.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

26. HOUR

12h. KIND OF BUSINESS OR

AT-HOME

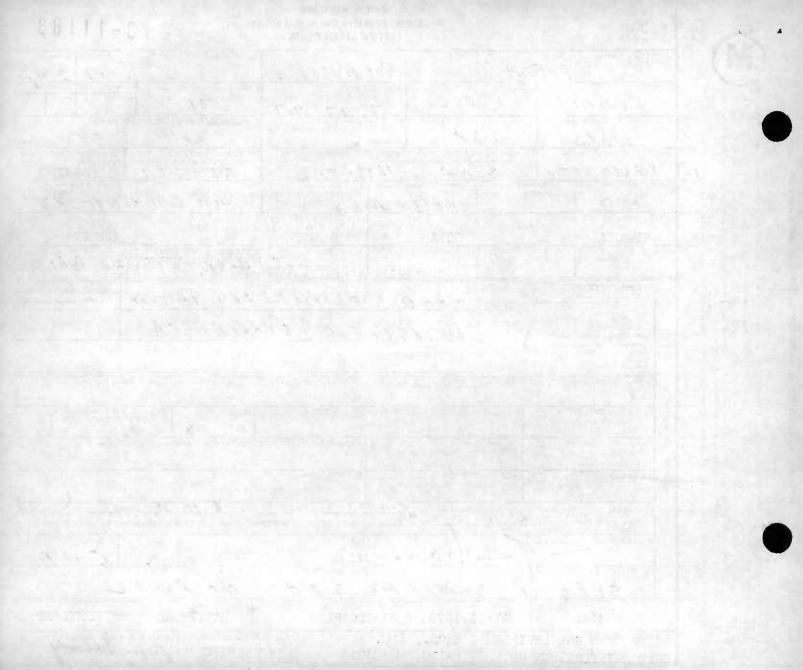
#21215

IF UNDER 24 HRS

IF UNOER 1 YEAR

INDUSTRY

UNKNOWN



24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC.

6010 REISTERSTOWN RD., BALTO., MD 21215

FOR

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2b HOUR

UNKNOWN

COUNTY

22c. DATE SIGNED

COUNTY MARYLAND

250 DATE REC'D. BY REGISTRAR 25b. RESISTRAR'S SIGNATURE

JUN 1

STATE

#21208 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DHMH - 16 50M 1/76

(VR A 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE 20. DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) 3.50 001 E 26 4. RACE IF UNDER 24 HRS 3. SEX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH To BIRTHPLACE OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY-OF DEATH STATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY WIDOWED DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126. KIND OF BUSINESS OR 3 CHEACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUST filed orners lomemaker BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 1136 COUNTY CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e. STREET ADDRESS should 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Pu 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMAN pug (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 50 18. CAUSE OF DEATH (Enter only one cause per time for to), rbt, and rct.) PART I. DEATH WAS CAUSED BY 301 W. PRESTON ST., corbon IMMEDIATE CAUSE (a) ğ offer Conditions, if ony, which gave rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF otho underlying cause last. P ò 0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/62 DIVISION OF VITAL RECORDS, Sign CERTIFICATION 0 permit. ony 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20c AUTOPSY? مّ P IN CERTIFYING CAUSES OF DEATH? hos NO YES [NO T ronsit p Hygiei cote 716. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) Item 18 HOUR A.M. MONTH DAY YEAR nol-tr OR CONTRIBUTING CAUSE OF DEATH and Mental MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 20 71d. INJURY OCCURRED 21f. LOCATION 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE morked NOT WHILE WHILE AT WORK AT WORK 220.1 certify that (1) (this hospital) attended the deceased from that (1) (we) lost and that in (my) (por) opinion death occurred on the tote and hour and from the causes stated sow the deceosed alive an abave, (I) (we) (did) (did nat) view the body effer death STOMATURE DEGREE 22c DATE SIGNED 00 ATTENDING * MEDICAL STAFF be deto e Stote PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS should b MPORT, L. KEOWN DUTANE OF CEMETERY OF CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION (SPECIFY CITY OR TOWN STATE Buria 179 1av Gardens Cockeysvir 24 FUNERAL DIRECTOR REGISTRAR 156. REGIS DHMH-16 60M 1/73 NAME ADDRESS (VR A 15 (4)) Freedom.

	1.	FOR STATE REGISTRAR			DEPARTA	AENT OF H	OF MARYLAND EALTH AND MENTAL ICATE OF DEATH	HYGIENE	REG. N	, 0	-111	86
		CEASED NAME	FIRST	-	MIDDLE	i	AST	20. DA	TE OF DEATH	MONTH	DAY YEAR	2h HOUR
	1	out and the	Lula			B1:	zzard			5 2	5 79	5:00p M
	3 SE	x		4. RACE		5 DATE C		6 AGI	(IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
		f		ь		6	20 1883		96	YRS.	MONTHS , DATS	HOURS MIN.
Ge.		RTHPLACE ISTATE O	R FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	□ 9 BAL	TIMORE CITY	OR COUNTY	OF DEATH	
\$XX		Virginia		USA		WIDOWE			Balto.	City		MD
fied	10 C	TY OR TOWN OF D	EATH		HOSPITAL, NURSIN		R OTHER INSTITUTION		SUAL OCCUPAT		E) INDUSTRY	F BUSINESS OR
10		Balto.		Midt	own Home			1/4	A THE BENG		A+ Al	248
st be	USU.	AL RESIDENCE (IFN	URSING HOME OR		GIVE RESIDENCE BEFORE		1136 INSIDE CITY LIMIT	S? 13e ST	REET ADDRESS			
£ 3.5		Md.			Balto.		YES 📉 NO	11		_808	St. Pa	ul St.
mine	14. FA	THER'S NAME	N	NIDDLE	LAST		15. MOTHER'S MAIDEN	NAME	WIDDLE		LAST	
e x		Ed			Pott	s	Winni	е	13/an	and	Blain	
medical		VAS DECEASED EV		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT				dioren 1	500 51
a a		unknow	n		214-56-9	9885	OKRIN	6.00,	41161	3/1	CELSE	was the
c event, the		18 CAUSE OF DE. PART I. DEATH		BY.	Carel	dicit.	Auex	t			APPROXIM BETWEEN O	MATE INTERVAL INSET AND DEATH
froumati		Conditions, if a		DUE TO, 0	election	NCE OF	& bud	rula	nec		Mon	the
ar ather		cause (a), sta underlying cau	use last	(c)	REACONSEQUE	el	Fali	ne			Yea	15
'kınlıı'.	NOL	Coi	rgest	tive	Heart	Fai	NOT RELATED TO THE					
shaws any	CERTIFICATION	190 DATE OF OPE	RATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		AUTOPSY?	IN CERTIF	S, WERE FINDIN YING CAUSES (S	GS USED OF DEATH?
ar Hem 18 shaws		21a, ACCIDENT WAS I OR CONTRIBUTING (IF EITHER, NOTIFY ME	CAUSE OF DEA	21b. TIME O HOUR A. P.,	M. MONTH DA	YEAR	21c. HOW INJURY OC	CURRED (E	NTER NATURE OF INJU	URY IN ITEM 18, F	PART I OR PART 2)	
rked ar	MEDICAL	21d. INJURY OCCU	URRED	21e. PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	21f. LOCATION STREET		CITY OR TO)WN	COUNTY	STATE
21 is ma.		220.1 certify that	ased alive an.		19	3/	d that in (my) (our) api	nion death o	ccurred on the c	date and hou	- 1	hat (1) (we) last causes stated

ATTENDING

the hospital or offer

224 SIGNATUR

DHMH - 16 50M 1/76 (VR A 15 (4))

TO FUNERAL DIRECTOR: should be detached for use with the State Dept. of Hec

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MPORTANT

STATE 25a. DATE REC'D.

DEGREE

22e ADDRESS

PHYSICIAN

DIRECTOR PHYSICIAN

22L DATE SIGNED

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		Alem	S. A. S. V.	

PRESTON ST., BALTIMORE,

DIVISION OF VITAL RECORDS,

STATE OF MARYLAND

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STATE OF MARYLAND

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME MIDDLE 2a. DATE OF DEATH MONTH YEAR 2b. HOUR (TYPE OR PRINT) 3. SEX 4 RACI 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH DAY YEAR DAYS 1900 60 TO. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED DIVORCED WIDOWED O. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY retired USUAL RESIDENCE (15 DURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSION 130. STATE 136 COUNTY 13c CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? West Friendship ma YES T NO 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDOLE PORFIRIA ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR OATES) 528610 UNK APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse ACCUD ö PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) CERTIFICATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19n DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED ā IN CERTIFYING CAUSES OF DEATH? buriol-tronsit peri NO YES [NO F 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Item MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) PM 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION ō CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from 79 saw the decased olive on ___, and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated 21 ō above, (I (we) (did) (did not) view the body ofter death. Dept. DEGREE 22c. DATE SIGNED He + mD ATTENDING MEDICAL STAFF should be deta DIRECTOR PHYSICIAN MPORTANT: YSICIANDS NAME (TYPE OF PRINT) 22e ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

Johns

23d. LOCATION

Ellicott City Maryland

256 PATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE.

BP. DHMH - 16 50M 7/77 (VRA 15(4))

0

23a. BURIAL, CREMATION, REMOVAL

Burial

24. FUNERAL DIRECTOR

23b. DATE

May 12, 19

detached

STATE OF MARYLAND

FOR STATE REGISTRAR		DEPARTMENT OF	ATE OF MARYLAND HEALTH AND MENTAL HYO IFICATE OF DEATH	GIENE REG. NO. 7	9-11191
1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDL		LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
ADA	R	B (OND	5/6	5/79 4 AM
3. SEX	4. RACE	5. DATI	OF BIRTH		FUNDER I YEAR IF UNDER 24 HRS
Female	White	Nov		80 yrs.	WONTHS DATS HOURS MIN.
70 BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHA	AAADE	IED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
Wash., D.C.	U.S.A		WED DIVORCED	BALTEMORE CCI	TY MD.
BALTO	11. NAME OF HOSE	THITY GIVE STREET ADDRESS!	OR OTHER INSTITUTION HOSPITAL	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE HOUSEWIFE	12b. KIND OF BUSINESS OR INDUSTRY Home
USUAL RESIDENCE (IF NURSING HOME O 130 STATE Md.	NTY 13c.	RESIDENCE BEFORE ADMISSIO CITY OR TOWN Balto.	N) 13d. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS 5001 E. Hoff	man St.
George	MIDDLE	Whitten	15. MOTHER'S MAIDEN NA	MIDDLE	Cavanora
160 WAS DECEASED EVER IN U.S. AF (YES, NO OR UNKNOWN) (IF YES, GIV	E 0 00 0	218-10-30		Hipkins (dghtr) ⁵⁰⁰¹ E. Preston St
18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI	D RY.		any Arrest		APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate		aconsequence of epatic Enc	ephalopathy		days
couse (o), stoting the	DUE TO, OR AS	A CONSEQUENCE OF	1		

110	210=10=3090 Dol 0011y	urbrius	(agnor)	Preston
PART I DEATH WAS CALISED	y one cause per line for (o), (b), and (c), 1 BY:			APPROXIMATE INTERVA SETWEEN ONSET AND DE
4080 IMMEDIATI	ECAUSE (0) Cardiopulmorany Arrest			minut
Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE OF (b) Hepatic Encephalopathy	OST PHANE		days
gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF (c) Congestive Heart Failure			yro.
PART 2. OTHER SIGNIFICANT C	onditions <u>contributing to death</u> but not related to the te	RMINAL DISEASE OR C	ONDITION GIVEN	IN PART 1(0)
190 DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W	ERE FINDINGS USED IG CAUSES OF DEATH?

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED NOT WHILE

210. ACCIDENT WAS UNDERLYING

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medico

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or Hem

ORTANT

BP.

DHMH - 16 50M 7/77 (VRA 15(4))

HOUR A.M. MONTH DAY YEAR P.M

216 TIME OF INJURY

21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

211 LOCATION

ATTENDING

CITY OR TOWN

STAFF

NOTO

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

COUNTY

YES [

STATE

220.1 certify that (1) (this hospital) attended the deceased from 5 sow the deceased alive on 5 / 6 obove, (I)(we)(did)(did not) view the body ofter death. (our)opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OF PRINT)

NELSON LEHMAN, M.D.

5/9/

M.D. PHYSICIAN 22e. ADDRESS

231. NAME OF CEMETERY OR CREMATORY

Moreland Mem.

UNION MEMORIAL HOSPITAL

(SPECIFY)

CERTIFICATION

MEDICAL

Fursahinahek Funeral Home, Inc.

230. BURIAL, CREMATION, REMOVAL 23b. DATE

Burial

3331 Brehms Lane Balto. Md. 21213

250. DATE REC'D. BY REGISTRAR 256. RECISTBAR'S SIGNATURE

MEDICAL

DIRECTOR PHYSICIAN

23d. LOCATION Balto.

COUNTY Md.

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	5/9/79 Moreland News	
	ound and the 1888 mine of	

M.J. McLaughlin Funeral Home APPROXIMATE INTERVAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART) OR PART 2) COUNTY STATE .. and that in ay) (aur) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED & Sons Co. 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Henry Jenkins DHMH-16 20M 21212 Balto., Road (VRA 15, 4) 7/78 York

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

25 HOUR

HOURS

12b. KIND OF BUSINESS OR

IF UNDER I YEAR

1 .00a M

IF UNDER 24 HRS

STATE

REGISTRAR

79-11192

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T c

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

- STATE

19-11193 to to the state of 170 70 710 7 THE PARTY OF THE P

Attachment to the banking.

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LOSCESASED NAME		tems #1 FOR STATE REGISTRAR	8a-22a Fj	ilm G532 6 D MED	/28/79 ISTAT EPARTMENT OF F ICAL EXAMIN	TE OF MARYLAND HEALTH AND MENT ER'S CERTIFICAT	AL HYGIENE	REG. NO.	79-	1119) 4
Female white May 28, 1942 37 YRS Female Fem								OF ESTI-	5 2	8 19 79	M
MARRIED MARR				MONTH DAY	YEAR LAST BIRTHDA	Y) MONTHS DAYS HOL	URS MIN PRO	NOUNCED DEAD	5 2	8 1979	
USUAL RESIDENCE (# IN NURSING MOME OR CITHER INSTITUTION, GIVE RESIDENCE SEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13b. COUNTY 13c. CUTY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13e. STREET ADDRESS 15e. STATE 13b. COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 15e. STATE 13b. COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13e. STREET ADDRE		Illinoi	s	U.S	A. ITAL, NURSING HOME	WIDOWED DI	MARRIED LIVORCED LIVO	Saltimore OCCUPATION (TYPE C	City	KIND OF BUS	
136. STATE 136 COUNTY 136. CITY OR TOWN 136. INSIDE CITY LIMITS? 138. STATEET ADDRESS 138. STATE ADDRESS 138. STATE CADRESS 138. STATE CADRES 138. STATE CADRESS 138. STATE CADRES 138. STATE CADRES 138. STATE CADRESS 138. STATE CADRES 138. STATE CADRES CADRES							FOR MOST	Housewife		OR INDUSTR	.Ү
To the significant (Onotitions Contributing to Grath but not related to the terminal disease or Conditions Given in Part 1 (Q). Part 2 Other significant (Onotitions Contributing to Grath but not related to the terminal disease or Conditions Given in Part 1 (Q). Part 2 Other significant (Onotitions Contributing to Grath but not related to the terminal disease or Conditions Given in Part 1 (Q). Part 2 Other significant Conditions Contributing to Grath but not related to the terminal disease or Conditions Given in Part 1 (Q). Part 2 Other significant Conditions Contributing to Grath but not related to the terminal disease or Conditions Given in Part 1 (Q). Part 2 Other significant Conditions Contributing to Grath but not related to the terminal disease or Conditions Given in Part 1 (Q). Part 2 Other significant Conditions Contributing to Grath but not related to the terminal disease or Condition Given in Part 1 (Q). Part 2 Other significant Conditions Contributing to Grath but not related to the terminal disease or Condition Given in Part 1 (Q). Part 2 Other significant Conditions Contributing to Grath but not related to the terminal disease or Condition Given in Part 1 (Q). Part 2 Other significant Conditions Contributing to Grath but not related to the terminal disease or Condition Given in Part 1 (Q).	130.	lary land	136 COUN	TY	13c. CITY OR TOWN	YES X N	○□ 1135	(II 1 C .)	Balto.	Md.	
(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 267-60-5616 Mr. (alvin D. Booker, 1207 Riverside Ave. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH BETWEEN ONSET AND DEATH Conditions, if ony, which gove rise to immediate cause (a) stating the under- lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21c. HOW INJURY OCCURRED LENIER NATURE OF INJURY INITEM 18 PART 1 OR PART 2) 10c. AUTOPSY? YES X NO 10c. AUTOPSY? YES X NO 10c. HOW INJURY OCCURRED LENIER NATURE OF INJURY INITEM 18 PART 1 OR PART 2)	0	James				FIRST			Stric	4 4 4	
18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: Bronchopneumonia DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the underlying couse lost. (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY INITEM 18 PART 1 OR PART 2) PART 2 OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY INITEM 18 PART 1 OR PART 2)		YES, NO, OR UNKNO							River	side Av	/e.
19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 19 21a. INJURY OCCURRED 21e. PLACE OF INJURY (ATHOME. 21f. LOCATION)	CATION	gove ri cause (a lying co	ns, if ony, which se to immediate) stating the <u>under-</u> use last.	DUE TO, OR A	AS A CONSEQUENCE C)F	EN (N PART 1 (g).				
216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY INITEM 18 PART 1 OR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY INITEM 18 PART 1 OR PART 2) 217. HOW INJURY OCCURRED (ENTER NATURE OF INJURY INITEM 18 PART 1 OR PART 2) 218. INJURY OCCURRED 218. PLACE OF INJURY (ATHOME. 21f. LOCATION	MEDICAL CERTIFICATION	19a. DATE OF				ATION WAS PERFORMED)?		2		
	DICAL CER	UNDERLYING CONTRIBUTI	OR NG CAUSE OF D	HOUR A.M. P.M. 21e. PLACE OF	MONTH DAY YEAR 19 FINJURY (ATHOME,	21f. LOCATION					
		7 6 6		70		cide . Homicide	Undetermi	ned monner .	DATE SIGNED_		9/79
deoth resulted from: Notural causes Accident . Suicide . Homicide . Undetermined monner . ACTUAL . AC	230	(TYPE OR PRI	NT)								
226. I certify that I took charge of the remains described above, held on death resulted from: Notural causes Accident Suicide Homicide Undetermined monner ACTUAL SIGNATURE DATE SIGNED	3		urial	June, 1, 197		II (emetery	Balt	imore.		ruland	ATE
Part	5)) 24.	FUNERAL DIRECT		ome, 130 E	.Fort Ave.L		JUN 1 1	979 Zib. REGIS	Hay Sign	ATURE	

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(VR A 15 (4))

19-11195 LETTILLE SELECTION AND ASSESSMENT OF THE PARTY OF THE PAR estado no processo de la compania de la constante de la consta 383 A I will feller at me a cold from I talked the late of Total E. erew here retailed. Park. et. 1996 : Fig. 14.6 g. 4.

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STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20 DATE KNOWN X MONTH DECEASED NAME OF ESTI-(TYPE OR PRINT) 5 RALPH BOWEN L AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 12:25 4. RACE 2c. DATE LAST BIRTHDAY) PRONOUNCED 1079 DEAD 26/ 06 PM male negro 9. BALTIMORE CITY OR COUNTY OF DEATH TA BIRTHPLACE (STATE OF MARRIED H NEVER MARRIED FOREIGN COUNTRY) U.S.A. Baltimore City Md. DIVORCED WIDOWED 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS 18. CITY OR TOWN OF DEATH O THE PAGE FOR MOST OF WORKING LIFE! 464 Oxford Ct. Baltimore 2, AND 3 TO 3. RETAIN P. 2 SHOULD BE AL RECORDS, 98 USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13e. STREET ADDRESS 13a. STATE 13d. INSIDE CITY LIMITS? BALTIMORE, MD. 21201 Balto Md. NO [VITAL 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME LAST MIDDLE MIDDLE OF VIT Bower Josize Bowen FORM 16b. SOCIAL SECURITY NO 160. WAS DECEASED EVER IN U.S. ARMED FORCES? DIVISION (IF YES, GIVE WAR OR DATES (YES, NO, OR UNKNOWN) 212-03-5886 Edith No Bowen 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 00 DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., Hypertensive arteriosclerotic cardiovascular disease PART I DEATH WAS CAUSED BY BURIAL-TRANSIT PERMIT IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION USED 19g. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? PRIOR TO BURIA 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) SHOULD HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME. 21f. LOCATION FORWARDED STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE WHILE AT WORK AT WORK TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 21: 22a. I certify that I taak charge of the remains described above, held an Inspection and in my apinian Autopsy Hamicide Undetermined manner death resulted from: Natural causes TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 111 Penn St. Ann M. Dixon, M.D. EXAMINER'S NAME 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Mount Auburn Balto BP. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **DHMH - 17** Charles A. Rice 1300 Eutaw MAY 25 1979 (VR A15 ME (5)) 15M 7/76

88111-81 VINCLAR A. MICH MADE THE

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IMPORTANT: If Item 21 is marked or Item 18 shaws

CERTIFICATION

MEDICAL

AT WORK

24 FUNERAL DIRECTOR

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and a should be detached for use as the burial-transit permit. Then please remove carbon paper. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

FUNERAL DIRECTOR: After this certificate has been

etained by the hospital or attending physiciar

TENDING PHYSICIAN: The

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

و	REG. NO.	9 -	11	20	0
	20. DATE OF DEATH MONTH	6/	YEAR 79	26. HOU	JR Vp
Ī	6. AGE (IN YEARS LAST BIRTHDAY)	UNDE	RIYEAR	IF UNDER	2 HRS
	54 YRS	MONTHS	DAYS	HOURS	MIN.

REGISTRAR		CER	TIFICATE OF DEATH	REG. NO.	79-11200
1. DECEASED NAME (TYPE OR PRINT)	MARIE	MIDDLE E	BOYD	20. DATE OF DEATH MONTH	16/79 2.4/2.
3 SEX	4 RACE	, S. DA1	E OF BIRTH DAY DAY 2 YEAR 2 4	6. AGE (IN YEARS LAST BIRTHDAY)	MUNDER I YEAR IF UNDER 2 HRS
70. BIRTHPLACE (STATE OR FO	OREIGN 76 CITIZEN C	/. \ .	RIED NEVERMARRIED DIVORCED	9. BALTIMORE CITY OR COU	MORE City, ME
Baltime		FHOSPITAL, NURSING HOM SUCH FACILITY, GIVE STREET ADDRESS)	DITAL CENTER	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	/
USUAL RESIDENCE (IF NURS 13a STATE	ING HOME OR OTHER INSTITUTION TO THE PROPERTY OF THE PROPERTY	13c. CITY OR TOWN	134 INSIDE CITY LIMITS?	13e. STREET ADDRESS	A
MARYLAND 14 FATHER'S NAME FIRST WILLIAM	WIDDLE	BALTIMORE LAST STRUBLE	YES X NO		AVENUE, 21223 KAWOLSKI
160 WAS DECEASED EVER	IN U.S. ARMED FORCES			ADDRESS	RIWODDKI

(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	218-14-1741 CHARLES J. BOYD, 2811 SUNSET	ORIVE, 21223
	OR AS A CONSEQUENCE OF LATIC INTRACRANIAL CA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 MISTELLES
gove rise to immediate couse (a), stating the underlying couse last	OR AS A CONSEQUENCE OF ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN	IN PART 1(a)

196 CONDITION FOR WHICH PERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOD YES [NO | ACCIDENT WAS UNDERLYING 216. TIME OF INJURY (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING __ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21f. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY

120.1 certify that withis haspital) attended the deceased from 4 19 10 5/6 14 14 15 16 16 16 16 16 16 16 16 16 16 16 16 16
sow the deceased alive on
abave, (1) (we) (did) (did nat) view the body after death.

22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL

PHYSICIAN DIRECTOR PHYSICIAN THE PHYSICIAN'S NAME (SHE OF PENT) 22e ADDRESS 23d. LOCATION

73h DAY 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY SPECIFY 05-09-79 BURIAL HOLY CROSS CEMETERY

BROOKLYN PK. A.A. 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE STATE

STATE

MD.

75

COUNTY

21229 ADDRESS 4107 WILKENS AVE HUBBARD FUNERAL HOME. INC.

DHMH - 16 50M 7/77 (VRA 15 (4))

HOSPITAL

tales where a specific newscape 00811-81 HARL CHEST WIND LINE the street and the property of the part of the property of the

Catonsville, And. 21228

requires that the death certificate be executed within 24 hours ofter death

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

STATE OF MARYLAND

	FOR STATE REGISTRAR		EALTH AND MENTAL HYGII	REG. NO 7 9	-11202
	1. DECEASED NAME FIRST (TYPE OR PRINT) BRAD FOR	PD 1	OSEPH	20 DATE OF DEATH MONTH DAY	79 737 M
	ph !	N S. DATE C	DAY YEAR	14 YRS MOI	UNDER 1 YEAR IF UNDER 24 HRS NTHS DAYS HOURS MIN
-	76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Brooklyn N.Y	CITIZEN OF WHAT COUNTRY? 8 MARRIE WIDOWE	D LI NEVER MARRIED 101	Balto City	MD.
1	Balto. Md.	NAME OF HOSPITAL, NURSING HOME OF (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Sinai Hosp.		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY
	MD 136 COUNTY	HER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) PLTIMIZE CITY OTHER	YES 🔯 NO 🗌		AUE.
7	Horace Bradfo	rd	15. MOTHER'S MAIDEN NAM	E Lipscomb	LAST
	160 WAS DECEASED EVER IN U.S. ARMEI (YES, NO OR UNKNOWN) (IF YES, GIVE WA MO		17. INFORMANT	ADDRESS	
		DUE TO, OR AS A CONSEQUENCE OF b) DUE TO, OR AS A CONSEQUENCE OF (c) NDITIONS CONTRIBUTING TO DEATH BUT	Laboran of Related to the Termin	NAL DISEASE OR CONDITION GIVEN	1 th
	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	195. CONDITION FOR WHICH OPERATIO	N WAS PERFORMED		WERE FINDINGS USED NG CAUSES OF DEATH?
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19		D (ENTER NATURE OF INJURY IN ITEM 18, PART	1 OR PART 2)
	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
	220 I certify that (I) (the haspitals sow the deceased alive an above, (I) (and (did) (did not) view (22b. SIGNATURE) 22d. PHYSICIAN'S NAME (TYPE OR PRI	iew the body ofter deoth. 19 79, or	ATTENDING PHYSICIAN		nd from the couses stated 22c. DATE SIGNED 27C Z 1 209
	230. BURIAL, CREMATION, REMOVAL (SPEEDURIAL)		EMETERY OR CREMATORY	Barron Md.	DUNTY STATE

DHMH - 16 50M 1/76 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.

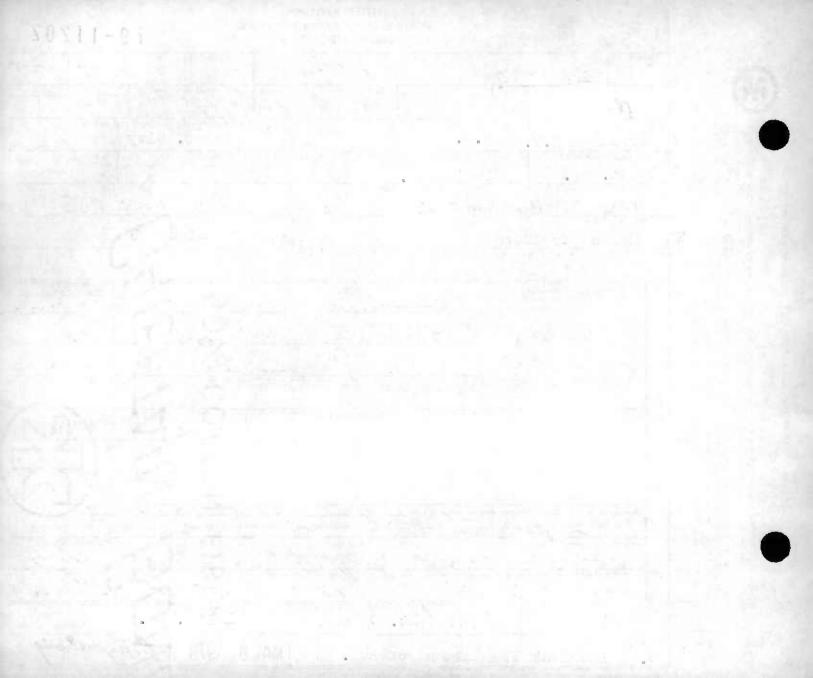
IMPORTANT: If Item 21 is morked or Item 18 shows any injury, or ather traumatic event, the medical exami

must be notified at once.

24 FUNERAL DIRECTOR
C. Wainwright

Edmondson Ave.

250. DATE REC'D. BY REGISTRAR 256.



FOR

REGISTRAR

Burial

WM. C. MARCH F/H 1101 E North Ave

24 FUNERAL DIRECTOR

DHMH - 16 50M 1/76

(VR A 15 (4))

DECEASED NAME

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

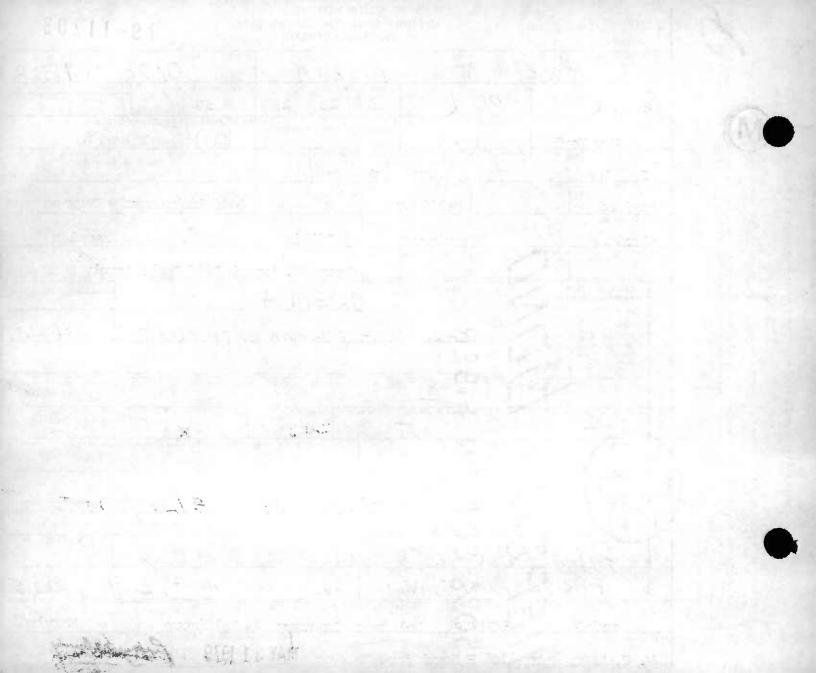
CERTIFICATE OF DEATH

Baltimore Cemetery

ADDRESS

REG. NO 2a DATE OF DEATH 2b. HOUR DAYS 9 BALTIMORE CITY OR COUNTY OF DEATH 12b. KIND OF BUSINESS OR 3446 Auchentoroly Terrace Revnolds 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO M **ECUNITY** STATE 22c. DATE SIGNED

Maryland



requires that the death certificate be executed within 24 hours after TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

must be notified of once

injury, or other troumotic event, the medical examiner

IMPORTANT: If Hem 21 is marked or Hem 18 shows any

STATE OF MARYLAN
DEPARTMENT OF HEALTH AND M

ENTAL HYGIENE

79-1	1204
------	------

	1 -	STATE REGISTRAR		CERTIF	FICATE OF DEATH	REG. N	. 79	-	204
		CEASED NAME FIRST	WIOOFE	Ba	AUNSTEIN	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
1	3. SEX	WILLIAM	4 RACE	5. DATE O		6 AGE (IN YEARS LAST BIR	26 THDAY) IF	UNDER I YEAR	18 45PM
		ALE	CAUCASIAN	MONT	25 95	8	YRS. MOI	NTHS DAYS	HOURS MIN.
		RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUNTRY	? 8 MARRIE	DE NEVER MARRIED	9 BALTIMORE CITY C		F DEATH	
>	10 CH	MARYLAND FOR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	WIDOWI		120 USUAL OCCUPAT	ION C	12h KIND O	MD.
2	10	MITIMORE	(IF NOT IN SUCH FACILITY, GIVE STREE	SPIT	AL	SALESMAN	OF WORKING LIFE)	PRODU	
5	130 S	RESIDENCE (IF NURSING HOME OR TATE 13b, COUN PRYLAWO	ROTHER INSTITUTION, GIVE RESIDENCE BEFO NTY 13 CITY OR TOV	WN_	13d. INSIDE CITY LIMITS? YES NO D	13e STREET ADDRESS	MILFOR	o mie	c RO
	14. FA	THER'S NAME FIRST	MIDDLE LAST	7,190	15. MOTHER'S MAIDEN NAM	MIGGLE MIGGLE		LAS	τ
G		SAMUEL	BRAUNS		REBECCA			UNKNOW	N
9	Y		E WAR OR DATES)		17 INFORMANT MRS.				
1		RXXXXXXXX WW I	ARMY 154-09-1		4228 MILFORD	MILL RD. #2	21208	APPROXI	MATE INTERVAL
ı		PART I. DEATH WAS CAUSE	olly ane cause per line for (a), (b), a	mon)	A			BETWEEN C	MATE INTERVAL ONSET AND DEATH
1		U. 9 - IMMEDIAT		-					17.0
	>	Conditions, if any, which	DUE TO, OR AS A CONSEOL	JENCE OF				4 1 5	
1		gave rise to immediate cause (a), stating the	(b)	IFNCE OF	03			1000	EPHONE
		underlying couse lost.	DUE TO, OR AS A CONSEOL	DENCE OF					
9		PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR CON	DITION GIVEN	N IN PART 10	31
	S.	ASCVD	, DIABLIES						
	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	H OPERATIO	ON WAS PERFORMED	20a AUTOPSY?	IN CERTIFYI	WERE FINDIN	OF DEATH?
4	ERTI	210. ACCIDENT WAS UNDERLYING	7 216. TIME OF INJURY		21c. HOW INJURY OCCURR	YES NO NO NOTIFIED OF INJUIN	YES		NO 🗌
7		OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH		The state of the s	ED (Eller Introde of 1930	THE TO, PART	7 0 1 7 2 1	
1	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	21e PLACE OF INJURY	19	211 LOCATION		3 5 6 7		
	M	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE,	, FARM, ETC.)	STREET	CITY OR TO	NA NA	COUNTY	STATE
1		22a.1 certify that (I (this haspi	tal) attended the degeased from	ura 🔘	5/11 1979		126_, 19	-	that (1) (we) lost
			19_ 1 view the body ofter death.	, 0	nd that in (my) (aur) apinion d	leath occurred on the d	ate and hour o		
		176 SHOWNTURE	0	m	DEGREE ATTENDING	MEDICAL STA		The DATE	SIGNED
4		22d. PHYSICIAN'S NAME (TYPE O	P PRINTI	11/2	PHYSICIAN [DIRECTOR PHYSIC	IAN	17/26	17
		WM 5.	Wood		SINAL	HOSPITA	7		
	23a. B	URIAL, CREMATION, REMOVAL	23b. DATE 23c.	NAME OF C	CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		YTAUC	STATE
	21.00	BURIAL			ON-CHIZUK AMUN				ID
	24 FU		LEVINSON & BROS.			REC'D. BY REGISTRAR	ZSD. REGISTRA	AR'S SIGNAT	UKE
		6010 REISTER	RSTOWN RD., BALT	U., M	U 21215 JUI	VI 1979	booker	y/Kar	and.

BP. DHMH - 16 50M 7/77 (VR A 15 (4)) 10811-6

must be

injury, ar other troumatic event, the medical examiner

MPORTANT: If Item 21 is morked or Item 18 shows ony

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

79-11205

-		REGISTRAR			Letter by the second		TOALL OF PLATE	REG. N	O.		
n		CEASED NAME F	IRST	N	AIDOLE	-	LAST	20. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
	(111)	111:	2181	CTH		1	KFWER	M.	4Y 22	79	0:10P.
	3. SE)	X .	7//	RACE		S. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIRT	HDAY) IF	UNDER 1 YEAR	IF UNDER 24 HRS
		7				MONT	H OAY YEAR			NTHS DAYS	HOURS MIN
34		Female		Black		3	19 18	61	YRS.		
		RTHPLACE (STATE OR FOREH	GN 7b	CITIZEN OF	WHAT COUNTRY	? 8.	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY O	FDEATH	
17		S. C.		U. S.	Α.	WIDOW	_	Baltimore	City		MD.
	10 CI	TY OR TOWN OF DEATH	11	NAME OF	OSPITAL, NURSI		OR OTHER INSTITUTION	12a. USUAL OCCUPATE	ION		OF BUSINESS OR
11	D	altimassa			H FACILITY, GIVE STREE			(TYPE OF WORK FOR MOST O	F WORKING LIFE)	INDUSTRY	
1		altimore AL RESIDENCE (IF NURSING	HOME OR O	Monteo	ello Hos	prtar					
5	13a. S	STATE 131	P COUNT	Y	13c. CITY OR TO	WN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS			
15		Md.			Baltimor	e	YESXX NO	767 Grant	ley St.		
	14. FA	ATHER'S NAME FIRST					15 MOTHER'S MAIDEN NA				
30		Ed	WIC	DOLE	Wilson		Lizzie	MIDDLE	Ma	Cullo	st uach
	160 V	VAS DECEASED EVER IN	U.S. ARME	D FORCES?	16b SOCIAL SEC	LIRITY NO	17. INFORMANT	ADDRE		CULLO	ugri
1		YES, NO OR UNKNOWN) (II		AR OR DATES)							
		No			216-03-	·9295	Dorothy Matth	news 311 Lyr	hurst		
		18 CAUSE OF DEATH	Enter only	one couse per	line for (a), (b), o	nd (c).				BETWEEN	ONSET AND DEATH
		PART I. DEATH WAS		BY: CAUSE (0)	MKEM	1/A					
		11.120	MEDIALE				DE LA TURBETTO				
		7001		DUE TO, OF	AS A CONSEQUE	LENCE OF	CERUSIS				
		Conditions, if ony, w gove rise to immed		(b)	NOIX	050	CEPUSIS				
	200	couse (a), stating underlying cause	the lost.	DUE TO, OF	AS A CONSEOL	JENCE OF				1000	
Н		onderlying cause	1051.	((c)							
		PART 2 OTHER SIGNIF	CANTED	NDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM		DITION GIVEN	IN PART 1	01
	o o	CUA 3	L	MCA	Occle	nein	5. Hupert	ension			
_	CERTIFICATION	19a DATE OF OPERATIO	N	196 CONDI	TION FOR WHICH	H OPERATIO	N WAS PERFORMED	20a. AUTOPSY?	206. IF YES, V		
7	F							VEC D NOD			OF DEATH?
-	ERT	21g. ACCIDENT WAS UNDERL	YING 🗆	21b. TIME OF	F IN II IRV		21c. HOW INJURY OCCURE	YES NO	YES		NO 🗌
1		OR CONTRIBUTING CAU		110110 4 4	M. MONTH	AY YEAR	The Hook I occor	KED TEINIER INVIORE OF INJUR	I IN IIEM 18, PARI	I-OKPARI 2	
1	CA	(IF EITHER, NOTIFY MEDICALE	XAMINER)	P.A	м.	19					CA SIZIV
	MEDICAL	21d. INJURY OCCURRED		21e. PLACE C	OF INJURY EET, FACTORY, OFFICE.	FARM FTC 1	21f. LOCATION STREET	CITY OR TOW	VN	COUNTY	STATE
	>	AT WORK AT WORK		1,	er, meroki, ornee,	rann, erc.,	,	- /			
		22a. I certify that (I) (th	is hospital) oftended the	deceased from		2/28 19 78	10 5/2	2 19	79	that (I) (we) lost
	-3	sow the deceased of		1	22 19	79.0	nd that in (my) (our) opinion	death accurred on the de	te and hour a	,	-
		obove (1) we) (did)	(did not)	view the body	ofter death.		DEGREE			22c. DATE	
×		A.					ATTENDING	MEDICAL STAI	c c	LIC. DATE	SIGNED /
	- 1	Ci	mi	nes		- /	PHYSICIAN [10/	22/5
		224 PHYSICIAN'S NAM	TYPE OR PE	RINT)			22e ADDRESS			/	
		YAY	TAK	25			MONT	EBELL.	0 1	051	り
8.	230 B	URIAL, CREMATION, REA	MOVAL	23b. DATE	1 22,	NAME OF C	EMETERY OR CREMATORY	1734 LOCATION			
7	230. D	SPECIFY)	NOVAL					CITY OR TOWN		YINUC	STATE
		Burial		5/26/7	9 K	ing Me	morial Park	Baltimo	re coun	ity,	Md.

DHMH-16 50M 7/77 (VR A 15 (4)) 24 FUNERAL DIRECTOR
NAME
Wm.C. March F/H 1101 E. North Ave.

250 DATE REC'D. BY REGISTRAR 256.

RAR'S SIGNATURE

711511205				
AV SIGN SIGN SIGN				
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A STREET	netic de consette			
List demokrat Etg. servi hat e	taring foreign traks			
	AMERICA.			
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		Die Ny syl		
CONTRACTOR STATES				
	diament notal the		Astrona .	
Mary 1973 Satisfallow		ELECTION AND	A 841 (0201)	

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completely

injury, or other troumotic

MPORTANT: If Item 21 is morked or Item 18 shows

ST	A	TE	0	F A	AA	RY	U	IN	D
 -									

1 -	FOR STATE REGISTRAR			DEPARTN		HEALTH AND MENTAL HYD	GIENE REG.	NO.	79-1	1206
	CEASED NAME	FIRST		MIDDLE		LAST	20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
	- On railei j	W.		PHILIP		BRIAN		x 5	19 79	1.45 n
SE	X		4 RACE			OF BIRTH	& AGE (IN YEARS LAST I	BIRTHDAY)	IF UNDER 1 YEA	
	Male		Whi	.te	Dec.		63	YR	MONTHS DAY	S HOURS MIN
C	RTHPLACE (STATE OR F OUNTRY) Maryland	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOW	ED NEVER MARRIED	9 BALTIMORE CITY 8altin	OR COU	NTY OF DEATH	M
	ITY OR TOWN OF DE	ATH	# (IF NOT IN SUC	HOSPITAL, NURSIN HEACILITY, GIVE STREET A Agnes Hos	ADDRESS)	OR OTHER INSTITUTION	126 USUAL OCCUPA (TYPE OF WORK FOR MOS CHEMIST	ATION IT OF WORKIN	126. KIND INDUSTE O YO I	
SU 3a :	AL RESIDENCE (# NUR STATE Md	136 COUN	OTHER INSTITUTION ITY IMORE	GIVE RESIDENCE REFORE 13c. CITY OR TOW Catonsvi	N.	134 INSIDE CITY LIMITS? YES NO 🖄	13e. STREET ADDRES 200 Gler	s	Avenue	
F	Walter	1	Guy	Brie	n	15. MOTHER'S MAIDEN NA FIRST ANNE	ME E. MIDDLE		Cr	oggs
	WAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADD	RESS		21228
'	no or orangement	(18 163, 0146		8-09-385	0	Mrs. Norme	E. 8rian.	200 0	Glenmore	AVE.
NO	Conditions, if ony gove rise to im couse to it, stoll underlying coust	MMEDIAT r, which mediate ng the e last	DUE TO, O (c)	RAS A CONSEQUE	Act of	D With	Hypro	In 2	GIVEN IN PART	195.
IIFICALIK	19e. DATE OF OPERA	NOITA	196 COND	ITION FOR WHICH	OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	INCE	YES, WERE FINE RTIFYING CAUS YES	
CAL CER	21a. ACCIDENT WAS UN OR CONTRIBUTING [] 1 IF EITHER, NOTIFY MEDIC	CAUSE OF DEA	141	DE INJURY M. MONTH DA	Y YEAR	21c HOW INJURY OCCUR	RED CENTER NATURE OF IN	JURY IN ITEM	18, PART 1 OR PART 2)
MEDI	21d INJURY OCCUR	VHILE (21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	21f LOCATION STREET	CITY OR I	low-	COUNTY	STATE
	22a I certify that (I saw the decease above, (I) (we) (sed alive on	10	18/709		nd that in (my) (esse) opinion	death occurred on the	dote and		
	22b. SIGNATURE	18	1/2	forty	m		MEDICAL ST DIRECTOR PHYS	TAFF SICIAN [5,	120/2
	22d. PHYSICIAN'S N	AME (TYPE OF	R PRINT)			22e ADDRESS				/ /

W.E. McGRATH, M.D.

1303 Frederick Road Baltimore.

STATE Marylend

23d LOCATION CITY OR TOWN Ellicott 23e. BURIAL, CREMATION, REMOVAL (SPECIFY) 23¢ NAME OF CEMETERY OR CREMATORY 23b. DATE COUNTY

John's Eemetery Burial 24 FUNERAL DIRECTOR Witzke Funerel Homes of Cetonsville

Edmondson Avenue Catonsville, Md

250. DATE REC'D. BY REGISTRAR MAY 22 1979

DHMH-16 20M (VRA 15, 4) 7/78

etoined by the hospital

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottendin should be detached for use as the burnal-transit permit. Then please remove carb with the State Dept. of Health and Mental Hygiene prior to burial, crematian, or i

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FOR

STATE OF MARIEAND	STATE	OF	MARYLAND	
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-11207

Male Caucastan Male Caucastan Month 7 6 8 7 0 Birthplace istate or foreign To Citizen of What Country? Maryland USA Widowed D Divorced D Baltimore 18 City or town of Death 11. Name of Hospital, Nursing Home or other institution (If NOT in Such Facility, Give sireet Address) DUSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION) WUSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 131. STATE 132. STREET ADDRESS 134. STREET ADDRESS	10.								
3. SEX	P PD INITI	WARD	MIDDLE Will		Briggs BRIGGS	10 May 79	5/16/	179	123
-	1	e Caucas	1bh		DAY YEAR	6 AGE (IN YEARS LAST BIR	YRS	ONTHS DAYS	IF UNDER 2
COU	aryland	USA		WIDOWE	DIVORCED [KT	C-177	,
A F.	3A C Balt	inore (IF NOT IN SUC	SIMA!	ADDRESS)	TO STATEMENT ON	Press Ope:	OF WORKING LIFE	126 KIND OF INDUSTRY Printi	
13a ST	aryland	& COUNTY	13c. CITY OR TOWI	N	YES NO	13e STREET ADDRESS 927 Coler:	idge Ro	oad 212	229
	Joseph	MIDDLE	Briggs		FIRST	Unk	nown	LAST	
(YES	AS DECEASED EVER IN S. NO OR UNKNOWN)	U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES)	215-05-7		Mr. Paul P. B	riggs	217	S. Furn	Md.
1	Yes	Enter only one cause per S CAUSED BY:	r line far (a), (b), and	A CALL	. 4	100		BETWEEN ON	
NO.	90 DATE OF OPERATIO	ON 196 COND			N WAS PERFORMED	286 AUTOPSY?	20b. IF YES,	WERE FINDING	
- 1	(IF EITHER, NOTIFY MEDICAL	JSE OF DEATH HOUR A.	DF INJURY .M. MONTH DA .M.	YEAR	21c. HOW INJURY OCCURR	YES NO	YES		но 🗌
<u>a</u> 2	WHILE NOT WHILE AT WORK	(AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC.)	21f. LOCATION STREET	CITY OR TO	WN	COUNTY	STA
2	saw the deceased	his haspital) attended the		•	nd that in my (our) opinion o	, to	lote and hour	ond from the ca	at Ø (w
2		clive on (did not) view the body	ofter death. 19_2	•	nd that in (our) opinion of DEGREE ATTENDING PHYSICIAN [22e ADDRESS]	mEDICAL STA	AFF 2	9, the ond from the co	ot 6 (w juses stor
230. 80	saw the deceased above (we) idid	olive on Middle	otter death. 197	MAME OF C	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	CIAN	ond from the ca	ot ((w

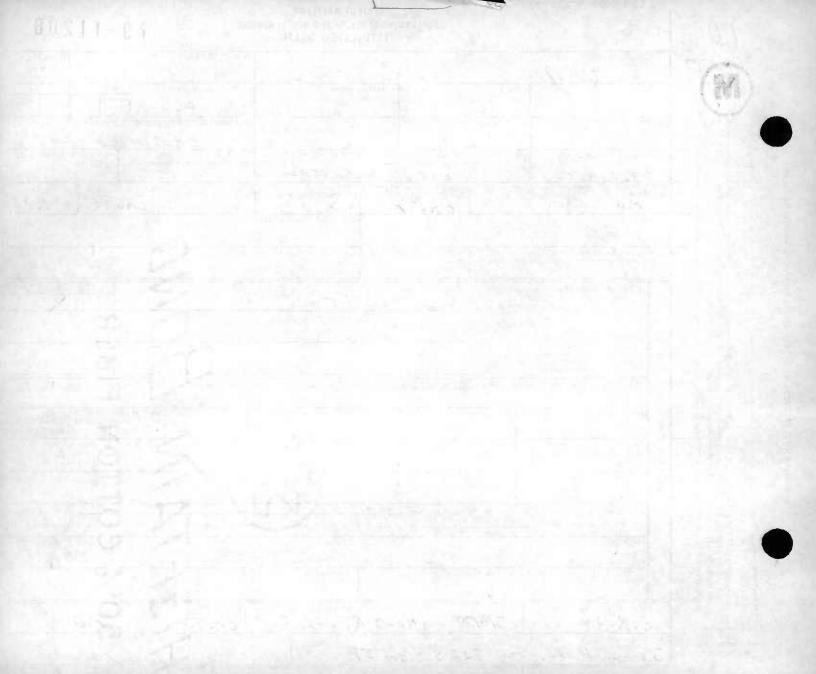
DHMH - 16 50M 1/76 (VR A 15 (4))

BP.

No. 10 Total epidemico 705 X of homest of members beright WINDSELFE . I ETS AND DESCRIPTION OF THE PROPERTY OF THE PROPERT

Comment of Table Capability and Paragraph of Capability Described a farming works and the Capability Described and the Capability De

		1 1	tem 23b g531 5	124/17 8	STA	TE OF MARYLAND		
10		1.	FOR STATE REGISTRAR			HEALTH AND MENTAL HYO	REG. NO	79-11208
	7	I. DE	CEASED NAME FIRST OR PRINT) (D)///	Am	BRIG	LETTO	20. DATE OF DEATH M	ONTH DAY YEAR 28. HOL
(1)		3. SE	×	4 RACE	5. DATE	OFBIRTH ITH DAY YEAR O 15 1890	6. AGE (IN YEARS LAST BIRTH	MONTHS DAYS HOURS
de State of August 12 ho	9999	0	RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF W	S.A. WIDOV			TIMORE CITY
rs ofte by the filed v	o upilitied	6	BALTIMORE	(IF NOT IN SUCH		LOSPITAL	12a. USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF	
filled ould b	35	130.	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU		GIVE RESIDENCE BEFORE ADMISSION 130. CITY OR TOWN	136 INSIDE CITY LIMITS?	13e STREET ADDRESS	EASTERN A
completely	exomine 	14 F	ATHER'S NAME FIRST	MIDDLE	LAST	15. MOTHER'S MAIDEN NA FIRST	WIDDLE	LAST
e executed	medico		VAS DECEASED EVER IN U.S. AI (15 YES, NO OR UNKNOWN) (15 YES, GIV	RMED FORCES?	66 SOCIAL SECURITY NO	17. INFORMANT	ADDRES	S
gned by the	ory, or other traumatic	z	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	(b) <u>(b)</u> DUE TO, OR	AS A CONSEQUENCE OF AS A CONSEQUENCE OF NTRIBUTING TO DEATH BE	JT NOT RELATED TO THE TERM	(LON	TION GIVEN IN PART 1(a)
on. hos t per	Z Z	CERTIFICATION	19a DATE OF OPERATION	196 CONDIT	ION FOR WHICH OPERATI	ON WAS PERFORMED	200 AUTOPSY?	70b, IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA YES NO
physical price of the policy o	Item 18 8	MEDICAL CER	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE) P.M	I. MONTH DAY YEA		RED (ENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR PART 2)
G P.	morkedor	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE O (AT HOME, STREE	F INJURY ET, FACTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY ST
	E		22 a.1 certify that (I) (this hasp saw the deceased alive a	5/4/	19 77	and that in (my) (aur) apinion	death occurred an the dat	e and haur and from the causes sta
ATT ATT OF THE PROPERTY OF THE	8		obove, (1) (we) (did) (did/n	of) view the body o	tter death.			
OR he he be	# # # # # # # # # # # # # # # # # # #		obove, (I) (we) (did) (did/n	(in	iter death.		MEDICAL STAFF	
by the hore by the hore by the hore detached State Dep	MPORTANI: If Ifem 2		obove, (1) (we) (did) (did/n	(in	errer death.	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIA	5/068



	SED NAME FIRST	,	MIDDLE	LAST	CATE OF DE		YA J I	YEAR 12b
(TYPE OR F		Edward		Bri	scoe	OF ESTI- DEATH MATED	F 20	79
3. SEX male	4 RACE black	5. DATE OF BIRTH	YEAR LAST BIRTHD	ARS IF UNDER 1 YR.	IF UNDER 24 HRS.	2c. DATE PRONOUNCED DEAD	MONTH DAY	YEAR 20
	PLACE (STATE OR COUNTRY)	76. CITIZEN OF WHA	23 55 YE T COUNTRY?	8. MARRIED N	EVER MARRIED XX	9. BALTIMORE CITY	5 30 ORCOUNTY OF nore City	
10. CITY O	RTOWN OF DEATH		TAL, NURSING HOME ITY, GIVE STREET ADDRESS)	WIDOWED		UAL OCCUPATION (TY MOST OF WORKING LIFE)	PE OF WORK 12b. KI	
MARY	LAND 136. CO	ME OR OTHER INSTITUTION, GIVE	RESIDENCE BEFORE ADMISSION 136. CITY OR TOWN BALTIMORE	ON) 13d. INSIDE YES XX		REET ADDRESS	T AVENUE	
14. FATHE	FIRST	MIDDLE F.	BRISCOE		ER'S MAIDEN NAM FIRST ARRIE	MIDDLE	SCRI	LAST I BNER
YES YES	DECEASED EVER IN U.S., OR UNKNOWN) (IF YES, G	EIVE WAR OR DATES)	166. SOCIAL SECURITY 217–14–272	Y NO. 17. INFOR		ADDRES 0E 911 BI	ELGIAN AV	
	Canditians, if any, wh gave rise to immedic cause (a) stating the und lying cause last.	ich ate (b)	S A CONSEQUENCE O	DF DF		in sease		
<u> </u>	DATE OF OPERATION	19b. CONDITIO	N FOR WHICH OPER.	ATION WAS PERFO	RMED?			AUTOPSY?
IFICA 19a.								YES X N
COI CERTIFICA I	EXTERNAL CAUSE WAS DERLYING OR NTRIBUTING CAUSE O		NONTH DAY YEAR	21c. HOW INJUR	Y OCCURRED (ENTER	NATURE OF INJURY IN ITEM 18	B PART 1 OR PART 2)	
EDICAL CERTIFICATION (CO) 519	DERLYING OR NTRIBUTING CAUSE O	HOUR A.M. A	AONTH DAY YEAR 19 INJURY (ATHOME,	21f. LOCATION STREET	Y OCCURRED (ENTER	NATURE OF INJURY IN ITEM 14	B PART 1 OR PART 2) COUNTY	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH MONTH BERNICE (Broydon) BRODGON 3 SEX 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. YEAR HOURS MONTH Female Black 33 Ta. BIRTHPLACE (STATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED COUNTRY Md. Baltimore City WIDOWED X DIVORCED [10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR I TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Baltimore 824 Rutland Ave. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 136 COUNTY 13c CITY OR TOWN 13e. STREET ADDRESS 13d INSIDE CITY LIMITS? 824 Rutland Ave. Baltimore YES X Md 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME 20 MIDDLE LAST AA HENENE S LAST George Smith Viola Brown ADDRESS 6g. WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT IYES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Viola Brown 815 Rutland Ave 216-28-2852 No APPROXIMATE INTERVAL BETWEEN ONSEJ AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) phys PART I DEATH WAS CAUSED BY Cardiac pulmonory IMMEDIATE CAUSE (0) OR AS A CONSEQUENCE OF Conditions, if any, which ound cur, gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION a 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES NO [Hygi 710 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 21 80 HOUR A.M. MONTH YEAR DAY OR CONTRIBUTING CAUSE OF DEATH nd Mental MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 + 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY 5 (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY WHILE NOT WHILE AT WORK 22a | certify that (1) (this hospital) attended the deceased from . that (I) (we) lost and that in my) (aur) apinion death accurred on the date and hour and from the causes stated sow the deceased alive on. abave, (1) (we) (did) (did nat) view the bady after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL + FUNERAL DIRECTOR PHYSICIAN PHYSICIAN MPORTANT: 22e ADDRESS th the . Freund 230. BURIAL, CREMATION, REMOVAL 23(. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE COUNTY STATE (SPECIFY 5/15/79 Burial Arbutus Mem. Pk. Arbutus, Md. 24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 1101 E. North Ave. (VR A 15 (4)) Wm. C. March F/H

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a. DATE OF DEATH MONTH 2b. HOUR TYPE OR PRINTS 10 James LWIK 3 SEX RACE 6 AGE (IN YEARS LAST BIRTHDAY) IT UNDER I YEAR TO BIRTHPLACE ISTATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED WEVER MARRIED Baltimore, Md. WIDOWED . DIVORCED OR JOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION . IND OF BUSINESS OR INDUSTRY Employment Service State DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ISUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13a STA 136 COUNTY 13e STREET ADDRESS 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME Charles J. Brooks Barbara Schaur 60 WAS DECEASED EVER IN U.S. ARMED FORCES 16b. SOCIAL SECURITY NO. J. Henry Greenway (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 219 10 4112 101 St. Dunstans Rd APPROXIMATE INTERVAL BETWEEN DISET AND DEATH 8 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: dour. DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [YES [Mental Hygie 216. TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from sow the deceased olive on 5000 after death , and that in (my) (our) apinion death accurred on the date and hour and from the causes stated 22b. SIGNATU DEGREE 22c DATE SIGNED ATTENDING MEDICAL TO FUNERAL D should be deto-with the State D PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22d. PHYSICIAN'S NAME (YPE OR PRINT) 22e. ADDRESS SAPSIRI 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL 23b. DATE STATE 5/12/79 Burial Loudon Park Baltimore Md. STRAR 256. REGISTRAR STRONG WALLE 24. FUNERAL DIRECTOR DHMH - 16 50M 1/76 MITCHELL-WIEDEFELD HOME. INC. 6500 York Rd. (VRA 15 (4))

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PAUL I. BROOKS DEATH MATED 4 10 1979	2 1		ATE GISTRAR	FIRST	MED	OICAL EX	AMINER'S	CERTIFIC		OF DEA	TH ,	REG. NO	9 -	112	3
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			death resulte	d from: Noty	vol comes K.	Accident [, Suicide [Hami	specify)	Undete	rmined manne	r 🔲,			9
Burial 4/13/79 Mt. Auburn Cemetery Baltimore, Md.	73	1	XAMINER'S TYPE OR PRIN	PERMIT.			ME OF CEMETER	ADDRESS_	ORY	123d. LO	CATION		COUN		id.

Olico I. S. A. Santilmone n 642 Santilott ve.

Willie Brooks Vers Ustron
No 242-60-0801 Alma Stoulm 565 Bentledt Ave.

Burial 4/13/79 Mc. Auburn Courterry Salitmore, MG.

completely filled in by the funeral

nding physician and ca carbonpapers. Pages 1

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should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar removal.

MPORTANT: If Hem 21 is morked or Item 18 shows ony

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TO FUNERAL DIRECTOR: After this etained by the hospital or

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TO HOSPITAL

ST	ATE	OF	MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR STATE REGISTRAR			HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO.	79-11214
		ERT	FRANKLIN E	BROWN	26 DATE OF DEATH MONTH	27 79 78 HOUR 315P
	3. SEX Male	4 RACE White	5 DATE (6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
	In BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland		WHAT COUNTRY?	D NEVER MARRIED	BALTIMORE CITY OR COUN	
1	BOLT IMORE	(IF NOT IN SUC	HOSPITAL, NURSING HOME (H FACILITY, GIVE STREET ADDRESS)	IAL HOSPITAL	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	GLIFE) 176. KIND OF BUSINESS OR INDUSTRY Const. ruction
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)	14. FATHER'S NAME FRST Thomas Brow		LAST	IS MOTHER'S MAIDEN NA FIRST Minerya	WIDDLE	LAST
		RMED FORCES? WE WAR OR DATES!	218 10 9427	17 INFORMANT Elizabeth Br	ADDRESS	rd Street
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-	226 SIGNATURE SUGGY 226 PHYSICIAN'S NAME IN PR	Jach	, MD	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	22c DATESIGNED 100M
	GREGORY	FAIT	H, M.D.	UNION	LEMORIAL	HOSPITAL
	230. BURIAL, CREMATION, REMOVA (SPECIFY) Burial	5/31/		cemetery or crematory	23d. LOCATION CITY OR TOWN	COUNTY STATE
	24. FÜNERAL DIRECTOR	al Home	363PreFalls R	oad 21211	3 1 1979 STRAR	THE STATUTE I

DHMH-16 20M (VRA 15, 4) 7/78

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a. DATE OF DEATH (TYPE OR PRINT) 3 SEX 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) MONTH 9 YEAR HOURS 10 08 BALTIMORE CITY OR COUNTY OF DEATH 7a. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED . NEVER MARRIED BALTO. CITY WIDOWED 10 CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY KETTRED HOSP FAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 13c CITY OR TOWN 2439 Shirley Ave. 136 COUNTY 13d INSIDE CITY LIMITS? Md Baltimore YES X 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE Sallie Bridges Jack Brown ADDRESS MISTORMANT BALTIMORE, 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Willie Williams 4808 Old York Rd. 11/43 242-01-0798 Yes 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 PRESTON Conditions, if any, which gave rise to immediate cause (0), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? p IN CERTIFYING CAUSES OF DEATH? NOF YES [NO I ental Hygi 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P,M 19 211. LOCATION 8 20 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK AT WORK 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an and that in (my) (aur) apinion death accurred an the date and haur and fram the causes stated abave, (1) (we (did) (did not) view the bady after death. 27b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 27d. PHYSICIAN'S NAME (TYPE COM 22e ADDRESS old b 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY Md. Burial Baltimore County, King Memorial Park 5/26/79 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75

ADDRESS

Wm.C. March F/H 1101 E. North Ave.

(VRA 15(4))

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FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-11216

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		CEASED NAME	FIRST	,	MIDDLE	Ĺ	AST		20 DATE OF DEATH	MONTH	DAY YEAR	26. HOUR A
			Gladys	5	I.	B	ROWN		May	20	1979	10:38 M
	3. SE	X	4	4 RACE					6 AGE (IN YEARS LAST BIS	RTHDAY)		
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		PART I. DEATH W	VAS CAUSED I	CAUSE (D)	Cardiopu	lmonar	y Arres	t				
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	MEDICAL	21d. INJURY OCCUR		21e. PLACE	OF INJURY			N				
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1		22d. PHYSICIAN'S N.	AME (TYPE OR PE	RINT)	Janu .				DIRECTOR PITTS	CIAIT	1 3-21	/9
/		Ranani R	F7ma	M D			3023	Eastern	Avenue			
-	23a B	BURIAL, CREMATION,			2:	R NAME OF C	1					
	(5	Buria							CITY OR TOWN	/Ount		state
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DHMH - 16 60M 1/75 (VR A 15 (4))

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STATE OF MARYLAND

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319 North Schroeder Street

(VR A 15 (4))

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(VRA 15 (4))

REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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CERTIFICATION

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

70-11777

INDUSTRY

Brown

12b. KIND OF BUSINESS OR

LAST

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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STATE

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REGISTRAR			CERTIFICATI	OF DEATH	REG. 1	NO.	3	1 1	La 600	_
1. DECEASED NAME	FIRST	WIDDLE	C LAST	(2)	28. DATE OF DEATH	нтиом	DAY	YEAR	26 HOU	JR .
	ROKQU	EL	BROWN	(Holmes)	100	5	3	79	144	M
3. SEX		4 RACE	5. DATE OF BIRTH	1	6. AGE (IN YEARS LAST BE	RTHDAY}	IF UND	DER TYEAR	IF UNDER	24 HRS
Fema	ale	Black	11	28 78		YRS.	5	27 DAYS	HOURS	WIN
OUNTRY)	OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	IEVER MARRIED	9. BALTIMORE CITY	OR COUN	TY OF D	EATH	1	
Md.		U. S. A.	WIDOWED	DIVORCED	Baltimo	ore Ci	Lty			MD

YESXX

Vernel1

17. INFORMANT

ARREST

NO [

15. MOTHER'S MAIDEN NAME

Harry Holmes

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Johns Hopkins Hospital Baltimore

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13d. INSIDE CITY LIMITS?

136 COUNTY 13c CITY OR TOWN Baltimore

4. FATHER'S NAME FIRST MIDDLE LAST Holmes Harry 16b SOCIAL SECURITY NO

60. WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN)

PART I. DEATH WAS CAUSED BY

Conditions, if ony, which gove rise to immediate

FOR

10 CITY OR TOWN OF DEATH

Md

13a. STATE

No

CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). RESPIRATORY IMMEDIATE CAUSE (o)

> DUE TO, OR AS A CONSEQUENCE OF IN FECTION DUE TO, OR AS A CONSEQUENCE OF

couse (o), stoting the underlying couse lost

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIGHT DE FECT

90 DATE OF OPERATION

11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

INTEGRUPTED 196. CONDITION FOR WHICH OPERATION WAS PERFORMED

ACRTIC ARCH 20a AUTOPSY? DF DJUMONARY

120 USUAL OCCUPATION

13e. STREET ADDRESS

(TYPE OF WORK FOR MOST OF WORKING LIFE)

612 N. Carev St.

MIDDLE

ADDRESS

612 N. Carey St.

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? HEYES NO YES [

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

COUNTY

210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION

21d. INJURY OCCURRED 21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.1 WHILE NOT WHILE AT WORK AT WORK

obove, (1) (we) (did) (did not) view the body ofter death

220.1 certify that (1) (this haspital) attended the deceased from,

ATTENDING

PHYSICIAN

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated MEDICAL DIRECTOR PHYSICIAN

CITY OR TOWN

22c. DAJE SIGNED

22d. PHYSICIAN'S NAME (TYPE OF PRINT

sow the deceased alive on_

SIGNATURE

KENNETT

22e. ADDRESS

Burial 24 FUNERAL DIRECTOR

NAME

DHMH - 16 50M 7/77 (VR A 15 (4))

230. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY)

23c NAME OF CEMETERY OR CREMATORY King Memorial Park

DEGREE

23d LOCATION

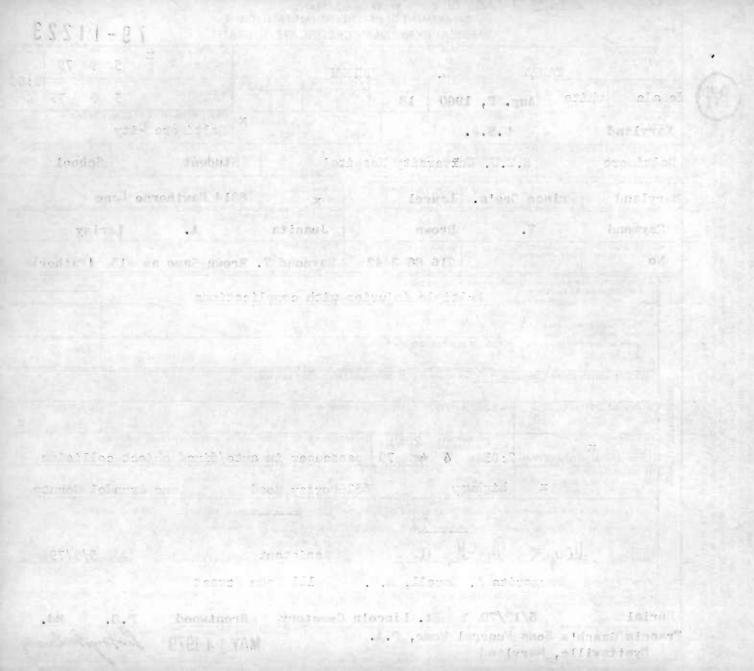
Baltimore County,

STATE Md.

ADDRESS Wm. C. March F/H 1101 E. North Ave

BY REGISTRAR 256. REGISTRAR'S SI 250. DATE REC'D

1. DEC	REGISTRAR CEASED NAMI E OR PRINT)		AMRA	MIDDLE		OWN		20. DATE KNOWN OF ESTI- DEATH MATED	5	9 1979	2b. HOU
	ale	white	S. DATE OF BIRTH	1960	18 YRS.		UNDER 24 HRS DURS MIN.	PRONOUNCED DEAD	MONTH 5	9 ₁₉ 79	910 A
5 Ma	RTHPLACE (5) REIGN COUNTRY TYTANO		76. CITIZEN OF W	•	WIDO		IVORCED	9. BALTIMORE CIT Baltimor	eCity		٨
Ва	ty or town 1timore	9	S.T. TOT WOUCH'S	Inivers.	Lty Hosp	THER INSTITUTION		SUAL OCCUPATION Student GLIFE)		School	SINESS
	TATE TYLAND	(IF IN NURSING HO.	ME OR OTHER INSTITUTION, COUNTY .nce Geo's.	134 CITY OR Laure	IOWN	13d. INSIDE CITY LI	IMITS? 13e. ST	REET ADDRESS 814 Hawtho	orne La	ne	
	THER'S NAME		T.	Brown		15. MOTHER'S FIRST Juani	MAIDEN NAM	MIDDLE A	La	erisy	
16a. V	VAS DECEASE S. NO, OR UNKNO	D EVER IN U.S.	ARMED FORCES? GIVE WAR OR DATES)		SECURITY NO. 6 3442	17. INFORMAN		rown Same		(Fathe	er)
1	812	/		R AS A CONSEC			omplica				
) NO	gave ri couse (o lying cou	ns, if ony, wh se to immedi stoting the und use last.	DUE TO, Ol	R AS A CONSEC	QUENCE OF						
IIFICATION	gave ri couse (o lying cou	ns, if ony, wh se to immedi stoting the und use last.	DUE TO, OI (b) (b) DUE TO, OI (c) ONS CONTRIBUTING TO DEATH	R AS A CONSEC	QUENCE OF		VEN IN PART 1 (a).			20. AUTOPSY YES [? No 35
MEDICAL CERTIFICATION	gave ricouse (o) lying cou PART 2 DTHER SI 19a. DATE OF 21a. EXTERNA UNDERLYING CONTRIBUTI 21d. INJURY C	OPERATION CAUSE WAS CAUSE WAS CONTROL CONTRO	DUE TO, OI (b) DUE TO, OI (c) DIS CONTRIBUTING TO DEATH 19b. COND 21b. TIME C HOUR A./ 21e. PLACE	R AS A CONSECTION OF INJURY	QUENCE OF TO THE TERMINAL DISE THE TERMINAL DISE	ASE OR CONDITION GIVEN AS PERFORMED HOW INJURY OC ASSENGER OCATION STREET	D? CCURRED (ENTE	R NATURE OF INJURY IN ITE O/fixed o	bject o	YES CART 2) COllisic	n STATE
MEDICAL CERTIFICATION	gave ricouse (o) lying cou PART 2 DTHER SI 19a. DATE OF 21a. EXTERNA UNDERLYING CONTRIBUTI 21d. INJURY C WHILE AT WORK	OPERATION CAUSE WAS CONSTITUTION CONTROL CON	DUE TO, OI (b) DUE TO, OI (c) DIS CONTRIBUTING TO DEATH 19b. COND 21b. TIME C HOUR A./ 21e. PLACE	R AS A CONSECT RAS A CONSECT R	OUENCE OF OTHE TERMINAL DISE ICH OPERATION THOME. 216. 1 A 1979 P THOME. 216. 1 Suicide [ASE OR CONDITION GIVEN ASSENGED ASSENGED COLATION STREET AND COLOR OF THE COLOR OF	CCURRED (ENTE in aut Road Spection X , Und	R NATURE OF INJURY IN ITE O/fixed o CITY OR TOWN Ann Inquiry, etermined monner	e Arun	YES COLLISION CO	n STATE



18211-81 MEN ST., 1979 M deoth certificate be

/ 1		STATE OF MARYLAND
1-	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

7	9	-		1	2	2	5	
- 04		YEA	P	121	н	2110	_	-

	REGISTRAR		CERTIN	TEATE OF BEATH	REG. N	D		
	CEASED NAME FIRST	MIDDLE		Bruchey	2e. DATE OF DEATH	MONTH / DAY	YEAR	26. HOUR
	BARBARA	ELIZABE		BRUCHEY		5/12	179	5:20 PM
3 SE	Female	White	5. DATE (80 80	MON YRS	INDER I YEAR	IF UNDER 24 HRS
70. B	RETHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COUN U.S.A.	MARRIE	D NEVER MARRIED	BALTIMORE CITY O	ORE C	DEATH TY	
10 C		11. NAME OF HOSPITAL, NI	WIDOWE URSING HOME (12a USUAL OCCUPAT	ON T	12b. KIND C	OF BUSINESS OR
	BALTIMOR	E ST A	GNES H	OSPITAL	Housewif	F WORKING LIFE	INDUSTRY	
13a. :	AL RESIDENCE (# NURSING HOME OR STATE 130 COUN Maryland Balt	other institution, Give Residence ITY 13c. CITY OR Limore Halet	TOWN	134. INSIDE CITY LIMITS? YES NO XX	13. STREET ADDRESS 1914 Wood	side Av	e. 21	227
14. F/	ATHER'S NAME FIRST Charles	Metzler	ī	IS. MOTHER'S MAIDEN NAME FIRST Eliz	we zabeth	(Unkn	own)	st
		WAR OR DATES)	SECURITY NO.	17 INFORMANT	ADDR			
	No	213-	10-2594	Lorraine Zepp	0/1914 Wood	side Av		
	18 CAUSE OF DEATH LEnter onl PART I. DEATH WAS CAUSED IMMEDIATE	BY.	or and ici.	MREIT			BETWEEN	MATE INTERVAL ONSET AND DEATH
	Conditions, if any, which	DUE TO, OR AS A CONS		sulpre Sec	tubi			
	gave rise to immediate cause (0), stating the underlying cause lost.	DUE TO, OR AS A CONS	SEQUENCE OF					
NO O	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 10	a ·
CERTIFICATION	190 DATE OF OPERATION	1%. CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WIN CERTIFYIN	G CAUSES	
	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18, PART	OR PART 2	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, O		211 LOCATION STREET	CITY OR TO	٧N	COUNTY	STATE
	220.1 certify that (I) (this hospit saw the deceased alive on abor, (I) (we) (did) (did not	5-12/1	7 6/	nd that in (my) (our) opinion o	, 10	ote and hour ar		that (1) (we) last causes stated
	Ams C %	new Land		DEGREE ATTENDING PHYSICIAN	MEDICAL STA. DIRECTOR PHYSIC		22c DATE	SIGNED
/	TAMES .	Murphy III	Cer.	St. Agrus	Horp.	D.U.	Len	/
23a	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	CO	UNTY	STATE
	Burial	05/16/79	Loudon	Park Cemetery	Raltimore	Cider	M - 300 + 7	Law J

DHMH-16 20M (VRA 15, 4) 7/78

IMPORTANT: If Hem 21 is morked or Item 18 shows ony injury, or other traumotic

TO FUNERAL DIRECTOR After this certificate has been signed by should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial, cr

TTENDING PHYSICIAN The

TO HOSPITAL

Walters Funeral Home/Pratt & Stricker Streets

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AND I SERVICE STRUCTURE

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	1 -	FOR STATE REGISTRAR			DEPAI	RTMENT OF H	E OF MARYLAN EALTH AND MI ICATE OF DE	ENTAL HYG	IENE	REG. NO.	7 9	9 - 1 1	22	6
		CEASED NAME OR PRINT)	FIRST		MIDDLE		AST		20. DATE OF	= = : : : : : : : : : : : : : : : : : :	D HTMC	AY YEAR	26 HOU	R
			Eva		erine	Brumk				0-79			10	рм
;	3. SE	x Femal	е	4 RACE Whit	e	5. DATE O	PERTH 2 1	1892	6 AGE (IN YE)	NRS LAST BIRTHD		IF UNDER 1 YEAR	IF UNDER	24 HRS MIN.
S		Balt:	orforeign imore	76 CITIZEN OF	WHAT COUNTR	RY? 8. MARRIEI WIDOWE		ARRIED	9. BALTIMOR Bal	timor				MD.
5	В	Balto.		Chur	ch Hom	e Corp	or other instit		170 USUAL C (TYPE OF WORK Hou		VORKING LIFE	12b. KIND O INDUSTRY	F BUSINE	SSOR
3	USU/ 130. S	AL RESIDENCE (# STATE Marylai	13b. COUN		GIVE RESIDENCE BEI	NWC	13d INSIDE CITY	Y LIMITS?	13e STREET A	DDRESS BO	ond s	Street	-2	1231
20	14 FA	ATHER'S NAME FIRST AGUSTUS		MIDDLE H.	MILLER	2	15 MOTHER'S A	ST	_{VE}	WIDDIE		WEEKS LAS		
1		WAS DECEASED E YES, NO OR UNKNOWN NO		MED FORCES? WAR OR DATES)	217-54		DR. JO		E. BRUM	BACK		GOODALE	RD.	A it
	NO	Conditions, if gove rise to couse (o), s underlying co	ony, which immediate tating the buse last.	DUE TO, OI	R AS A CONSEC AS R AS A CONSEC DNTRIBUTING T	QUENCE OF DIRACS	ion NOT RELATED TO T Failu	O THE TERM		OR CONDI	TION GIVE	EN IN PART 1(d	,	
7	CERTIFICATION	19a DATE OF OP	ERATION				N WAS PERFORM		200. AUTO			, WERE FINDIN		H?
9	MEDICAL CERT	220.1 certify the sow the dec obove, (1)	CAUSE OF DEA REDICAL EXAMINER) CURRED OT WHILE OF WHILE O	21e PLACE (AT HOME, STR	M. MONTH M. OF INJURY REET, FACTORY, OFFIC	19 ce, farm, etc.) sep	nd that in Xy) (a DEGREE ATT	76	ED (ENTER NATI	CITY OR TOWN	N ITEM 18, PA	county 79	sthotal (v	VATE
		Poul	E. Go	11/11/19			17312	2 Beau	woir	Blvd.		rwood,	Md.	
-	230 0	BURIAL, CREMATI			12:	31 NAME OF C	EMETERY OR CR	EMATORY	23d, LOCA	TION	20	855		
	(3	SPECIFY)	OIT, NEMOVAE	MAV 23	The state of the s		DADY CEN		BATTT	TOWN		COUNTY	MD	TE

6500 YORK RD.

DHMH - 16 50M 7/77 (VR A 15 (4)) 24. FUNERAL DIRECTOR

MITCHELL WIEDEFELD HOME

BP.

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	7	9 -	- 1		1	2	2	7	
HTMOA		DAY	Y	EAR		2h	HO	IIR	

	-	STATE REGISTRAR			CERTIF	ICATE OF D	EATH	REG.	NO. 7	9-11	221
		CEASED NAME FIRST RAL	EIGH	MIODLE	L	BRYANI	Sr.	20. DATE OF DEATH		OAY YEAR 28 1979	6:16. m
	3. SE)	Male	1 RACE Black		S. DATE C	OF BIRTH	01.	6 AGE (IN YEARS LAST		IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
17		RTHPLACE (STATE OR FOREIGN DUNTRY)		WHAT COUNTRY?	8 MARRIE WIDOWE	D X NEVER M	ARRIED	Baltimore city	OR COUNT	TY OF DEATH	MD.
35	P	ty or town of death Ltimore	(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET Ch HOME H	ADDRESS)		TUTION	17a USUAL OCCUP (TYPE OF WORK FOR MOS			OF BUSINESS OR
35	13a S	AL RESIDENCE (IF NURSING HOME OF 13b COUL		136. CITY OR TOW Baltimor	N		NO 🗆	13e. STREET ADDRES 2427 E. H		n St.	
bo		THER'S NAME	MIDDLE	Bryant		15. MOTHER'S	MAIDĒN NAM RST	MIDDLE	uire	LAS	Bryant _
1	[Y	VAS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? E WAR OR DATES)	251-24-8		Mabel 1		2427 E. H	oress offman	st.	
	NOI	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT ((b)	R AS A CONSEQUE ASCS R AS A CONSEQUE	NCE OF	NOT RELATED			ONDITION G	IVEN IN PART 1(0)
1	CAL CERTIFICATION	190 DATE OF OPERATION 5-24-79 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE-	Stac 21b. TIME O HOUR A.	M. MONTH DA	R) Ki	dney (alcul	200. AUTOPSY? YES NO DED (ENTER NATURE OF III	IN CERT	ES, WERE FINDIF FIFYING CAUSES YES [] B. PART 1 OR PART 2]	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC.)	211. LOCATION	٧	CITY OR	TOWN	COUNTY	STATE
		22a.1 certify that (1) (this hasp saw the deceased alive an obove, (§ (we) (did) (did no 22b. SIGNATURE				DEGREE A1	TENDING _	leath occurred on the	TAFF _/		
\		22d PHYSICIAN'S NAME (TYPE C	elou M	. D		220. ADDRESS		pital 10	00 N.	Broadw	ay 2123
	23a. B	urial, cremation, removal Burial	23b. DATE 6/1/79			em Bapt	ist Cem	23d LOCATION CITY OR TOWN St. Ste		COUNTY	S. STATE.
	74 F1	INFRAL DIRECTOR					25g. DATE	REC'D. BY REGISTR.	AR 256 REGIS	STRAR'S SIGNAT	URF

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

n. C. March F/H 1101 E. North Ave.

MAY 3 1 1979

18-11227 The state of the s LOY 3 1 1970

~						STATE OF MARYLAND		
H		244	1 -	FOR STATE	DEPARTI	MENT OF HEALTH AND MENTAL HYG	SIENE 7 O	-11228
Z				REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	11220
5				CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH D	DAY YEAR 26. HOUR
EXAMII	th 3		/ I I FE	THOM	AS	BRYANT	MAY 22, 1979	10:40A1
Si	NO B		3. SE		4 RACE	5. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS
4	4 6 6		- 13	Male	NERMA	March 11- 1911	68 YRS.	MONTHS DAYS HOURS MIN.
A	Pog Pog Pog Pog	i ,	7a. BI	RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8.	9. BALTIMORE CITY OR COUNTY	OF DEATH
0	ath 72	ouc /	C	DUNTRY)	7/ 6 0	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CIT	V
9	4 + -	ed of	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	12ª USUAL OCCUPATION	12b. KIND OF BUSINESS OR
Z -	+ + p	notified	12	-1.1.	(IF NOT IN SUCH FACILITY, GIVE STREET THE JOHNS HOP	and the state of t	(TYPE OF WORK FOR MOST OF WORKING LIFE	EI INDUSTRY
1201	5 5	e o	USU/	A. HIMANE.	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	KINS HOSPITAL	RIGGER	Vnast Guard
OF THE	filled in	502/	13a. S	TATE 136 COUN	13c. CITY OR TOW	N 134. INSIDE CITY LIMITS?	13e. STREET ADDRESS	10
FA	yin 2 ly fill shou	ě —	14 E A	THER'S NAME	132/60	YES NO I	3107 E. Federa	2/5t.
ARY	= 20	E .	19. FA		MIDDLE	FIRST	ME	LAST
		l exom	F	GUSTUS	BRYANT	Sn. Mangane	t Wil	liams
Z	e executed	edicol	16a V	(AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU	RITY NO. 17 INFORMANT	ADDRESS	
ON	9 2 4	E		NO	214-16-3	683 Mrs. Mabe	IBNYANE 3107E.	Federal St.
D I X ON BALTIMORE,	hysicia poperiovol.	t, the		18 CAUSE OF DEATH (Enter or	nly ane cause per line far (a), (b), and	dien D D D D D	2 - 0-	BETWEEN ONSET AND DEATH
0	T 0-5 E	c o o		PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (a) C-Va	nest I volable	& MUUS PE	
OZ Z	0 0 0	pfic		185-	DUE TO, OR AS A CONSEQUE	NCE OF O	1110	
Ois	deoth deoth otherd	froumptic		Conditions, if ony, which	((b) Coli		all a Molastan	400
PRESTON ST.				gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	NICE OF		
W3 3	by by	other		underlying couse last.	DOE TO, OR AS A CONSEGUE	NCE OF O		
OS	i le d	ā		PART 2. OTHER SIGNIFICANT	187	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVE	EN IN PART 1(g)
ME SOS,	aguir sigr Then to bu	ınlary,	NO					
_0		hoo	ATI	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		, WERE FINDINGS USED
S.	e le	Swous 2	IFIC				YES NO YES	YING CAUSES OF DEATH?
SED AS NON MED B	N: Th nysicio ncote l ronsit Hygie	s sho	CERTIFICATION	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18, PA	
S		E 9		OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DA	Y YEAR		
AZ N		or Hea	MEDICAL	[IF EITHER, NOTIFY MEDICAL EXAMINER] 21d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	211 LOCATION		
ON		o po	ME	WHILE NOT WHILE	AT HOME, STREET, FACTORY, OFFICE, F		CITY OR TOWN	COUNTY STATE
500	or of or of	A C		AT WORK — AT WORK —		5 21 10 23.	10.40 M	
A	Pol of Po	2		saw the deceased alive an	tal) ottended the deceosed from_		death accurred on the date and hour	Manual from the course stated
1	OR ATTEN te hospitol DIRECTOR sched for un Dept. of He	8		obove (I) (we) (did) (did no	t view the body after death.		death accurred on the date and hour	
ta.	the high properties of the pro	±		22h SIGNATURE	1.0	DE GREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
04	TAL yy th RAL dete			10.40	1601	PHYSICIAN [DIRECTOR PHYSICIAN	15/01/19
	HOSPITAL sined by t FUNERAL sold be def	X Y		22d. PHYSICIAN'S NAME (TYPE O	R PRINTI	22e. ADDRESS	111 2000)	
	TO HOSPITAL Cretoined by the TO FUNERAL Cshould be detoo with the Stote E	MPORIAN		ME	USU	60	W Woodall	very
	Oper Operation	≥	23a. B	URIAL, CREMATION, REMOVAL	23b. DATE 23c. N	AME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
1)8	BP		(:	Burial	5-26-79 Wa	MLAWN CEMPTERN	Baltimore	Md.
1	DHMH - 16 50M 7/77	7	24. FU	INERAL DIRECTOR	ADDRESS -		E REC'D. BY REGISTRAR 256. REGISTE	RAR'S SIGNATURE
	(VR A 15 (4))			Randelds O.	Tallick DUZIE	Oliver St. MA	Y 2 4 1979 Ris	brack Recorder
				The state of the s	ALL CALL CAT JOIN	The state of the s	- 1010	1 7.7

35511-25 the state of the mealth and the state of the ALLEN AND THE REPORT OF THE PARTY OF THE PAR completely filled in by the funeral

should be detoched for use as the burial-transit permit. Then please remove carbanpape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

MPORTANT: If Item 21 is marked or Item 18 shows any

TO FUNERAL DIRECTOR: After this certificate has been

STATE OF MARYLAND

FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIEIC ATE OF DEATH

79-11229

	ECEACED NIAME	FIRST	M.I	IDDLE	LAS								
	ECEASED NAME		****	IDDLE	LA.	ST		2a DAT	E OF DEATH	HINOM	DAY	YEAR	2b. HOUR
(111	PE OR PRINT)	WALTE	R E		BU	JCK				5	15	79	2:05p
3. SI	EX	4	RACE		5. DATE OF			6. AGE	IN YEARS LAST B	BIRTHDAY)		DER I YEAR	IF UNDER 24
	Male		White		Feb.	18.	1911	68		YRS	HIMOMIH	S DAYS	HOURS /
	BIRTHPLACE STATE OF	FOREIGN 7	b. CITIZEN OF W	VHAT COUNTRY	Y? 8		R MARRIED	9 BALTI	MORE CITY			EATH	
I.	Maryland		U.S.	A.	WIDOWED		DIVORCED [BALTI	MORE	CIT	Y	
	BALTIMOR.	E		TCK°NU	KSING I	OTHER IN	ISTITUTION	TYPE OF	AL OCCUPA WORK FOR MOS ttorne	T OF WORKING		b. KIND C IDUSTRY	F BUSINES
I.	JAL RESIDENCE (IFNL STATE STATE	rsing tome or count Balt	other institution, of the control of	GIVE RESIDENCE BEF 13c CITY OR TO Chase		YES 🗌	CITY LIMITS?	70	et addres		k Ro	ad	
	ATHER'S NAME FIRST Walter		IDDLE	Buck		Do	R'S MAIDEN N FIRST	IAME	MIDDLE		Zimn	las n erma	
	WAS DECEASED EVE (YES, NO OR UNKNOWN)		WAR OR DATES)	166 SOCIAL SE		17 INFORA				RESS			
	No			218-22-	0071	Mr.	LeRoy	W. Bla	ack, Jr	. 283	1 Ha		MATE INTERVA
	Conditions, if or gove rise to in		DUE TO, OR	AS A CONSEC	JOENCE OF								
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TIFICATION	gove rise to in couse (o), sto underlying cou	mmediate ting the se lost	DUE TO, OR (c) ONDITIONS CO	AS A CONSEO	OUENCE OF		MEST,		UTOPSY?	20b. IF	YES, WEI	RE FINDIN	
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH I. DECEASED-NAME Middle Last 2g. DATE OF DEATH 2b. HOUR (Type or print) Month Year HELEN 11:15/M UCK LEY 6. AGE (In years 4. RACE IF UNDER 1 YEAR IF LINDER 24 HRS 3. SEX S. DATE OF BIRTH last birthday) MONTHS DAYS HOURS 11-28-9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or foreign 8. MARRIED MEVER MARRIED BALTIMORE CITY WIDOWED 🔀 DIVORCED | JALTO, NIT signed by the attending physician and completely filled burial-transit permit. Then please remove carbon pape 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12a. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR requires that the death certificate be executed within during most of working life, even if retired.) INDUSTRY carbon ALTIMORE HOUSE WIFE 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY 5723 FALISKD YES NO BALTO, 15. MOTHER'S MAIDEN NAME First Middle 14. FATHER'S NAME Middle Emma Taylor John Sutherland 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes no, or unknawn) 5725 Falls Road Margaret Buckley 220 44 0379 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY Mycardiel IMMEDIATE CAUSE (a) burial, crematian, DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) this certificate has been the priart 19g. DATE OF OPERATION 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED gp CAUSES OF DEATH? YES 🗍 NO M 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) (AT HOME, FARM, STREET, FACTORY,) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION Street or R.F.D. Na. City or Town State County While Nat while at work 22a. I certify that (I) (this haspital) attended the deceased from 3-6, 1979, ta 5-9, 1727, 11141 (1) (wo) least the deceased alive an 3-6, 1979, and that in (my) (our) apinion death accurred an the date and haur and from the **DIRECTOR:** After causes stated abave. (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. PHYS. directar, page shauld be filed 22d. PHYSICIAN'S 22e. ADDRESS O FUNERAL NAME (Type) FREDERICK 6100 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE (State) 23o. BURIAL, CREMATION, BUREMOVAL (Specify) Greenmount Cemetery Baltimore. Maryland May 12. 35b. REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 3631 Falls Rd. 21211 Burgee Funeral Home 25m-1/70

MARYLAND STATE DEPARTMENT OF HEALTH

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STATE OF MARYLAND

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P.S. L. B. S. S.

FOR

(VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND

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STATE OF MARYLAND

10	4	FOR 1 - STATE REGISTRAR	DEPARTM	STATE OF MARYLAND IENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 7	9-11237
		1. DECEASED NAME FRST (TYPE OR PRINT) Albert	M M	Butler	2ª DATE OF DEATH MONTH	DAY YEAR 26. HOUR 5:55AM
	t po s.	3. SEX FEMALE	4. RACE CAUCASIAN 4-	5. DATE OF BIRTH MONTH DAY YEAR 09 29 06	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	in 72 hours	7d, BIRTHPLACE , (STATE OR FOREIGN MARYLAND	76 CITIZEN OF WHAT COUNTRY? USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore C	TY OF DEATH
101	by the furthfiled with	Baltimore	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACULTY, GIVE STREET) METCY H	G HOME OR OTHER INSTITUTION OSPItal	120 USUAL OCCUPATION TELEPHONE OPE	12b. KIND OF BUSINESS OR INDIESS OR TELEPHONE
ND 212	filled in ould be	USUAL RESIDENCE (IF NURSING HOME O		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	AVE.
MARYLAND	0 = /0/4//	14 FATHER'S NAME FIRST WTLLTAM	MIDDLE LAST STEPHE	15 MOTHER'S MAIDEN N		LAST
IMORE,	Poges 1	16a WAS DECEASED EVER IN U.S. AF (YES, NO OR UNKNOWN) (IF YES, GIV		RITY NO. 17. INFORMANT	address ch 2A Mercy C	t. 21220
ST., BALT	physicio anpapers emaval.	PART I. DEATH WAS CAUSI	nly one cause per line for (a), (b), and	l(c)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON	attending ave carbi	Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A CONSEQUE	rcinoma of th	le Blower 165e	
4	er er	cause (a), stating the	DIE TO OBAS A CONSEQUE	NICE OF		

should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial, cre njury, ar othe underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a CERTIFICATION FUNERAL DIRECTOR: After this certificate has bee 20b. IF YES, WERE FINDINGS USED 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY IMPORTANT: If Item 21 is marked or Item 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING __ CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION STREET CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from, sow the deceased alive an above, (1) (we) (did) (did not) view the body after death and that in (my) (our) opinion death accurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED MEDICAL STAFF
DIRECTOR PHYSICIAN ATTENDING PHYSICIAN IL AN'S NAME TYPE OR PRINTI 22e ADDRESS 0 23a. BURIAL, CREMATION, REMOVAL (SPECIFY) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE COUNTY CITY OR TOWN BALTO MD BURTAT.
FUNERAL DIRECTOR 250. DATE REC'D, BY REGISTRAR 256. REGISTRAR 5 SCHOOL
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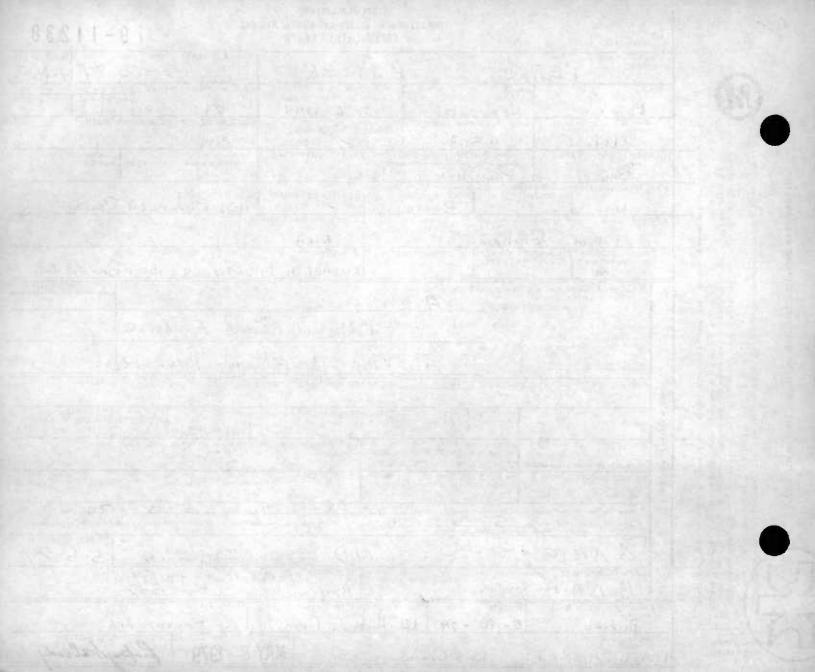
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HOSPITAL OR ATTENDING PHYSICIAN:

DHMH - 16 50M 1/76 (VR A 15 (4))

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	1				STAT	E OF MARYLAND			
	1.	FOR STATE		DEPART		EALTH AND MENTAL HY	GIENE	70-	11238
		REGISTRAR			CERTII	ICATE OF DEATH	REG. N	0. 19-	11230
	I. DE	CEASED NAME FIRST	1	MIDDLE	2	AST	20 DATE OF DEATH	MONTH DAY	YEAR 26. HOUR
n E		PEA	IRL	-	1911	TLER	4	5 -05-	79 9.20 PM
(20)	3. SE	X	4 RACE		5. DATE		6 AGE (IN YEARS LAST BIR	THDAY) IF UND	DER I YEAR IF UNDER 24 HRS. S DAYS HOURS MIN
Can		FEMALE	NEGRO	OiP		7-25-1844	84	YRS.	DATS HOOKS MIN
P. P	70. B	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY	R COUNTY OF D	EATH
in 72		Ud.	4.8	5.A.	WIDOW		CITY		MD
he fu	10 C	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPAT		b. KIND OF BUSINESS OR
os of by tilled		BALTO.	1	IDENT	11	50.	THE ST WORK TOK MOST C	, working the f	DOSINI
be if be	USU.	AL RESIDENCE (IF NURSING HOME OF TATE 138 COU	R OTHER INSTITUTION	, GIVE RESIDENCE BEFOR	RE ADMISSION)	113d INSIDE CITY LIMITS?	13e STREET ADDRESS		
NND 124 Filled outd		Ma.		BALTO		YES NO	1631 BAKE	BUTY	DURT
YLA rtely 2 sh	14. FA	ATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA		,	LAST
MAR mplet ond 2		(Fraham			ELLA	MIDDLE		LASI
ORE, wecut nd co ges 1		VAS DECEASED EVER IN U.S. AF		166 SOCIAL SECU	JRITY NO.	17 INFORMANT	ADDRI	SS	
MORE exect of exect of the exec	,	NO IFFES, GIV	E WAR OR DATES)			ELIZABETH F	AUNTLEROY	1504 B	AKER ST.
ALT sicion pers. ol.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly ane cause per	r line far (a), (b), an	nd (c1.)				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
T., BAL tificate physici moval.			ED BY: (TE CAUSE (a)	An	emi	a			
orbo orbo		11000				2	1 -	1.00	
esto death ottend ove co rion, a		Conditions, if ony, which	(b)	K AS A CONSEGO	21102017	bronic Re	may four	use	
the of the company of		gave rise to immediate cause (a), stating the	DUE TO O	R AS A CONTEQU	ENCE OF	10 /	0		
1 W hot by ose al, cr		underlying cause last.	(c)	AS	CVD	c CHF El	Esma. Tac	imakes	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours cattending physician and completely filled in by os the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be fill the and Mental Hygiene prior to burial, cremation, or removal.		PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERA	MINAL DISEASE OR CON	DITION GIVEN IN	PART I(a)
RDS, equir equir ris b injury	CERTIFICATION		_						
beer mit.	₹ S	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		RE FINDINGS USED CAUSES OF DEATH?
he le hos hos t per lene lows	E	The second					YES NO	YES [NO [
VIII. T yysici roote roots Hygis hygis hygis hygin hyg	W.	210. ACCIDENT WAS UNDERLYING	- 110110 1	OF INJURY .M. MONTH D	AV VEAD	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 O	R PART 2)
SICIA ng ph certifi urial-tr	M	OR CONTRIBUTING CAUSE OF DE		M.	19	The Late	UNIDED.		
HYS nding his of the or th	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY	FARM FYF I	211. LOCATION	CITY OR TO	WN CO	DUNTY STATE
IVIS Office Potter Per til s the s the	Σ	WHILE NOT WHILE AT WORK	(AT HOME, STE	REET, FACTORY, OFFICE,	FARM, ETC.]	SINCE	City Ox 101		STATE
or or see of the see o		22a.l certify that (I) (this hosp		ne deceased from _	4	- 28- 19 7	9_, to	-5-19-), that (I) (we) last
TTEN TTEN TOR for u		saw the deceosed alive or abave, (1) (we) (did) (did m	at) view the hady	ofter death	79.0	nd that in (my) (our) opinion	deoth occurred on the d	ate and haur and	fram the couses stated
NR ATTE hospite IRECTO hed for ept. of I		22b. SIGNATURE	1/1-0	A		DEGREE	/ + 20 de 2	2	22c. DATE SIGNED
PITAL O by the ERAL D State D State D ANT: If I		15. Nara	gun		1	ATTENDING PHYSICIAN	MEDICAL STA		5-5-79
SPIT VER Deed be e Sto	1	22d. PHYSICIAN'S NAME (TYPE				22e ADDRESS Pro		ospital	
O HOSPITAL efoined by t TO FUNERAL should be det with the Stote		B. Nara	yana			Baltimore			
5 to		BURIAL, CREMATION, REMOVAL	L 23b. DATE	23c.	NAME OF	EMETERY OR CREMATORY	23d. LOCATION		TY STATE
BP	(BURIAL	5-10	-79 1	H. A.	burn CEM.	CITY OR TOWN	TO, NA	
DHMH - 16 50M 7/77	24. F	UNERAL DIRECTOR		,,,,,,,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	25a. DA	TE REC'D. BY REGISTRAR	256. REGISTRAR'S	SIGNATURE
(VR A 15 (4))	Ne	NAME DALIGHT	1 15	ADDRESS		S- MA	Y 8 1979	triba	Melredy



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME Leona MIDDLE 20 DATE OF DEATH 2b. HOUR Elizabeth 5-19-79 L. Cain 11:30am 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) 10 1904 Female 74 White BIRTHPLACE ISTATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Md. BALTIMORE CITY WIDOWED IN CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY CLERICAL Ret Civil Serv SAINT AGNES HOSPITAL BALTIMORE DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY AA Glen Burnie 13d. INSIDE CITY LIMITS? 13. SIREEI ADDRESS Armistead Street 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE EIDST MIDDLE McGonigle James Leo Elizabeth Culleton ADDRESS Same as 13 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 1166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OPUNKNOWN) XXXXXXXX 577.60.5403 Mrs. Elizabeth C. Cross (daughter) APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (b), (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE ID DUE TO, OR AS A CONSEQUENCE OF 1evena Conditions, if ony, which gove rise to immediate couse (b), stoting the DUE TO OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 20g-AUTOPSY? 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 19 21f. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE WHILE NOT WHILE IT AT WORK AT WORK 220.1 certify that (X(this hospital) attended the deceased from sow the deceased alive and that in (MyX(our) opinion death occurred on the date and hour and from the causes stated view the body ofter death. DEGREE 22c. DATE SIGNED 775. SIGNATURE 100 ATTENDING MEDICAL 5-19-79 should be dete with the State IMPORTANT: PHYSICIAN | DIRECTOR | PHYSICIAN | 22e ADDRESS THE BHYS CIAN'S NAME ITTHE DEMINE Gary Bauer 900 S. CATON AVE-BALTO. MD 231. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE_ (SPEBurial May 22,1979 Gate of Heaven Silver Spring, Monta, MD 250. DATE REC'D. BY REGISTRAR 256. POSISTRAR'S SIGNAT 24. FUNERAL DIRECTOR DHMH - 16 60M 1/75 Singleton Funeral Home, Glen Burnie, MD MAY 2 2

(VRA 15(4))

STATE OF MARYLAND

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DOG S. CATOM AVE-BALTO, MO 21220

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BALTIMORE SAINT AGRES HOSPITAL

1101 E. North Ave.

Francis

FOR

- STATE

REGISTRAR

DECEASED NAME

24 FUNERAL DIRECTOR

Wm. C. March F/H

DHMH - 16 50M 1/76

(VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2h HOUR

HOURS

IF UNDER 24 HBS

STATE

Md.

015/11 22 To 12 To 12 To 12 TO 11 12 1 0 The country of the structure of the state of the state of the TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral direct should be detached for use as the burial-transit permit. Then please remove carbanpopers. Pages I and 2 should be filled within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

1	_	FOR STATE
		REGISTRAL

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-11241

		REGISTRAR		CERTII	FICATE OF DEATH	REG. N	10.	
	1. DE (TYPE	CEASED NAME FIRST	EL L.	Cali	Well	20. DATE OF DEATH	MONTH DAY YEAR 5-16-79	26. HOUR
	3. SE	FEMALE	WHITE	5. DATE (6. AGE (IN YEARS LAST BIR	THDAY IF UNDER 1 YEAR MONTHS DAYS	
of once.	С	IRTHPLACE ISTATE OR FOREIGN	4,5,	WIDOWI		BALTIMORE CITY	MORE. C	iTY MD.
notified /	1	BALTO,	KENST IN SUCH ACHT	N, GIVE STREET ADDRESS)	SING HOME	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST)	OF WORKING LIFE! INDUSTRY	OF BUSINESS OR
2 mus	130.	AL RESIDENCE (IF NURSING HOME OF STATE		SIDENCE BEFORE ADMISSION) BALTOI	134 INSIDE CITY LIMITS?		ELDON AVO	5
exomine	14. F#	ATHER'S NAME FIRST	ZIDDLE	LAST	15 MOTHER'S MAIDEN NA.	MIDDLE		AST
medico	0	WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GM	WAR OR DATES)	-22-0861	TAMES CA	EEN S	AME)	XIMATE INTERVAL
ws ony injury, or other troumotic e	CERTIFICATION	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT (CONTINUE) 190. DATE OF OPERATION	DUE TO, OR AS A (c) CONDITIONS CONTRIB ENCEPK		+	200. AUTOPSY?	201. IF YES, WERE FIND IN CERTIFYING CAUSE! YES	INGS USED S OF DEATH?
d or Item 18 shows	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOT IF Y MEDICAL EXAMINER) 214. INJURY OCCURRED	P.M. 21e. PLACE OF INJ	ONTH DAY YEAR	21t. HOW INJURY OCCURI MA 21t LOCATION STREET		JRY IN ITEM 18, PART 1 OR PART 2]	NO STATE
MPORTANT: If Item 21 is morked		ATWORK NOT WHILE AT WORK AT WATCH AT WORK AT WATCH AT WORK AT WATCH AT WORK AT WORK AT WATCH AT WORK AT WATCH AT WORK AT WATCH AT WORK AT WATCH	May 31-	74 19, o	nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	MEDICAL STA DIRECTOR PHYSIC	date and hour and from the	16/79 nter
M	230	BURIAL CREMATION, REMOVAL (SECRY) BCC RIAL	5/18/		EMETERY OR CREMATORY AINE PARIS	23d LOCATION CHY OR JOWN	C, MP,	STATE
	74.1	LAME CON CONTRACTOR	~ X3 d	17 Ches	Six A to 250. DAT	MAY 18 19/	25b. REGISTRAR'S SIGNA	TURE Canada

DHMH-16 60M 1/73

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STATE	OF	MA	RYL	AND
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-11242

н		REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.	1 1 -	
		CEASED NAME FIRST LUC.	ILLE	MIDDLE		LLEN	20. DATE OF DEATH MAY	31,	1979	26. HOUR 5:35A
g	3 SE		4 RACE		S. DATE O	H DAY YEAR	6. AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNIOER 24 HRS HOURS MIN.
		Female	Black		7	25 04		YRS		
9		RTHPLACE (STATE OR FOREIGN OUNTRY) Tenn.	USA		WIDOWI		_ I Rait	_	e City	MD.
S		Balto.		HOSPITAL, NURSIN		Hosp.	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST O			OF BUSINESS OR
3	13a S	AL RESIDENCE (IF NURSING HOME OF STATE Md. 136. COU	R OTHER INSTITUTION NTY	Bares BEFORE		13d. INSIDE CITY LIMITS? YES NO	2525 E.	Bido	lle St	
20	14 FA	urkn Urkn	WIODLE	LAST		15. MOTHER'S MAIDEN I	MIOOLE	McDu	uffie ^{(AS}	ST
r		VAS DECEASED EVER IN U.S. AI	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRI	ESS		
		No	2 11111 011 011120	577-14-	5781	Margaret	Callen 1	215 N	J. Mil	ton Ave.
	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (b), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT RECENT MY	CONDITIONS CONDITIONS CONDITIONS	IAL INFA	DEATH BUT		RMINAL DISEASE OR CON		/EN IN PART 1(
2	TIFIC	5-25-79				SIGMOID CO		IN CERTIF	FYING CAUSES	S OF DEATH?
	MEDICAL CER	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER TID. INJURY OCCURRED WHILE ATWORK ATWORK	HOUR A. P. 21e. PLACE	OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F	19	211. LOCATION STREET	URRED (ENTER NATURE OF INJU		PART 1 OR PART 2) COUNTY	STATE
		22a. I certify that (I) This hasp sow the deceased alive or above. (I) The Add Oldid mile 22b. SIGNATOR			MAY 79		on death occurred on the d	31 ote and hou	or and from the	that (we) lost e couses stated
		- Syl	the			ATTENDING PHYSICIAN	☐ DIRECTOR ☐ PHYSIC		5-	31-79
			. GIRDH	HAR, M.D		100 N. BR	RCH HOSPIT			
	(:	BURIAL, CREMATION, REMOVAL SPECIFICAL	23b. DATE 6/5/	4		emetery or cremator at. Mem. P	ark Laure			STATE
	24. FU	UNERALDIRECTOR WM C March F,	/H	1101 E.	Nor	th Ave. 350.D	IN 1 1979	25b. REGIST	RAR'S SIGNAT	Prode

DHMH-16 50M 7/77 (VR A 15 (4))

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STATE OF MARYLAND

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG, NO.	7	9	-	1	2	4	4	

1		REGISTRAR		CERTIFI	CATE OF DEATH	REG. N	0. 19-1	1244
		CEASED NAME FIRST NET NET	TIE CAN	ADA) E	Si .	20. DATE OF DEATH	MONTH DAY YE	9 12 9 M
	3. SEX	F	4. RACE	S ASE OF MONTH	- 23- 1900	6 AGE (IN YEARS LAST BIRT		
5	To BIF	RTHPLACE ISTATE OR FOREIGN (UNITRY)	76 CITIZEN OF WHAT COUNT	MARRIED	NEVER MARRIED DIVORCED	9. BALTIMORE CITY O	R COUNTY OF DEAT	H MD.
1		BALTO.	11. NAME OF HOSPITAL, NU CLE NOT IN SUCH FACILITY, GIVE S BOLL I MORE	TREET ADDRESS!	HOSp.	Type OF WORK FOR MOST O		ND OF BUSINESS OR
5	13a. S	yd.	OTHER INSTITUTION, GIVE RESIDENCE TY 13c CITY OR DVNC		13d. INSIDE CITY LIMITS? YES NO 🗌	13e STREET ADDRESS	51.	2/222
1	E	dward	White White		15. MOTHER'S MAIDEN NA/ FIRST	MIDDLE	UNK.	LAST
1		(AS DECEASED EVER IN U.S. ARA ES, NO OR JINKNOWN) (IF YES, GIVE	war or dates) 213-07-	7770)	MOSES (ANAda -3	203 GrA	216 450H 51.
		18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED IMMEDIATION	ly one couse per line for (a), (b) BY: E CAUSE (a)	DIAC A	17557		BETO	PROXIMATE INTERVAL VEEN ONSET AND DEATH
		Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A CONS	EQUENCE OF R	TREEST Y			141
		couse (a), stating the underlying couse lost.	(c)	IAC AS	THMA			4601-
	NOIL	Theumakie 2.	east disease	c, hyje.	HOWING, ASH	(P.		
2	CERTIFICATION	19a. Date of operation	19b. CONDITION FOR WI	HICH OPERATION		YES NO	20b. IF YES, WERE FI IN CERTIFYING CAU YES [JSES OF DEATH?
7		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)		DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUI	ry in item 18, p ^r art i or par	17 2)
	MEDICAL	21d INJURY OCCURRED WHILE OT WHILE OF AT WORK	21e, PLACE OF INJURY (AT HOME, STREET, FACTORY, OF		21f. LOCATION STREET	CITY OR TOV	VN COUNTY	STATE
		22a.1 certify that (1) (this hospit sow the deceased alive an above, (1) (we) (did) (did not	5-3	776	d that in (my) (our) opinion of	deoth occurred on the de		
	E	22b. SIGNATURE TE	int, M).	D	PEGREE ATTENDING PHYSICIAN	MEDICAL STAI DIRECTOR PHYSIC	F /	S-3-75
		22d, PHYSICIAN'S NAME (TYPE OR DANIEL F	EIRTX G		BALT CI	74 HOIP1		
	(5	Burial, CREMATION, REMOVAL	5-7-79	Arbo	METERY OR CREMATORY TOS MISM	23d. LOCATION CITY OR TOWN	butus,	mal.
	24. FU	NERAL DIRECTOR	F. H1/7	91/1	A MALES AND STATE OF THE STATE	e rec'd, by registrar 4 1979	25b. RECOSTRAR'S SIG	NATURE

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IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic event, th

13-11286 BAITO, Md. U.S.A. BAITO. Ballimore aty 115 CAN ST 21622 DUNGLIK X Md. WHITE AMARI Edward 213-07-7770D MOSES Comment No Trestant Flores 17 and market 17 and the second

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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the funeral attended to use as the burial-transit permit. Then please remove corbonpapers. Pages 1 and 2 should be filled within 72 he with the State Dept. of Health and Mental Hygiene priar to burial, cremation, or removal.
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	equir	Then To b
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The Intertained by the hospital or ottending physicion.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicis should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene priar to burial, cremation, or remayal.
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T. ARCE

V. BORGWARDT

23b. DATE

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BURIAL

24 FUNERAL DIRECTOR

23a BURIAL, CREMATION, REMOVAL

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH MONTH TYPE OR PRINTI MAY NAOMI ONMN) CAREY IF UNDER 24 HRS 5 DATE OF BIRTH A AGE LIN YEARS LAST BIRTHDAY IF UNDER 1 YEAR DAYS HOURS FEMALE 28 1919 CAUCASTAN JUNE Ja. BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVERMARRIED MARYKAND US BALTIMORE CITY WIDOWED DIVORCED | 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH LITYPE OF WORK FOR MOST OF WORKING LIFE) MEMORIAL HOSPITAL INDUSTRY HOUSEWIFE BALTIMORE USUAL RESIDENCE (IF NURSING NOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 1136 COUNTY 1136 CITY OR TOWN 130 STATE 13d. INSIDE CITY LIMITS? CALVERT SOLOMONS 13e STREET ADDRESS STEWART STREET YES A NOF 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST LAST INKNOWN UNKNOWN ADDRESS 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 577-22-0445 OTIS F. CAREY SR. SOLOMONS. MARYLAND APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: CARDIAL ARREST. Quin C IMMEDIATE CAUSE DUE TO OR AS A CONSEQUENCE OF SEPSIS houns Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF DAYS PERITONITIS. - GANGREHOUS BOWEL underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 CERTIFICATION BOWEL PERFORATION OBSTWCHON SUBLL c 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 70n AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? OBSTRUCTION 4- 79- 79 INSTESTIMM NON 710 ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21e. PLACE OF INJURY 21f. LOCATION 21d INJURY OCCURRED (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE NBY 27e.1 certify that (this hospital) attended the deceased from sow the deceased alive in 19 and that in (aur) opinion death accurred on the date and hour and from the causes stated obove, If (we' did) I let a great the body after death 22c. DATE SIGNED 27h SIGNATURE DEGREE 407-4-1979 ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 22d. PHYSICIAN'S NAME (TYPE OR PRINT)

23c. NAME OF CEMETERY OR CREMATORY

SOLOMONS METH CEM.

PORT REPUBLIC. MD.

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23d. LOCATION

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) 3. SEX 4 RACE 5 DATE Q 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR YEAR 1904 BALTIMORE CITY OR COUNTY OF DEATH STATE OR FORFIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Itimore cita WIDOWED 🔀 DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b KIND OF BUSINESS OR ORK FOR MOST OF PORKING LIFE INDUSTRY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e. STREET ADDRESS 5401 Sarvi L FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE White 21n/3 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF offe Canditions, if any, which gove rise to immediate 101 stating DUE TO, OR AS A CONSEQUENCE OF underlying cause a PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 20b. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 18 HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH YEAR MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY morked or (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from saw the deceased olive on. , and that in (my) (aur) opinion death occurred an the date and haur and fram the causes stated abave, (1) (we) (did) (did nat) view the bady after death 226. SIGNATURE DEGREE ATTENDING & MEDICAL DIRECTOR PHYSICIAN MPORTANT be St 22d. PHYSICIAN'S NAME (TYPE OR PRINT) should b 0 230 BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY REMOVAL 23b. DATE BP. 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75 (VR A 15 (4))

(VR A 15 (4))

STATE OF MARYLAND

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DHMH-16 20M

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME LAST 2a DATE OF DEATH MONTH YEAR 2h. HOUR (TYPE OR PRINT) 9:15 AM AGE HIN YEARS LAST BIRTHDAY IF UNGER 1 YEAR IF UNIQUE 24 HRS DAYS **BALTIMORE CITY OR COUNTY OF DEATH** BALTIMORE CITY 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Clerical-Blueprints Electronic 3203 N. Charles Street MIGGLE LAST Murphy ADDRESS George F. Reus 6112 Chinquapin Pkwy APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH days PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIGHT 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOA YES [NO [21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) (aur) apinion death occurred on the date and haur and from the causes stated 22c DATE SIGNED STAFF DIRECTOR PHYSICIAN UNION MEMORIAIHOSPITAL 23d LOCATION COUNTY STATE Burial Westview Balt.o. Westview Memorial 230. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Without Me Cresoly 3631 Falls Read Burgee Funeral Home 21211 (VRA 15, 4) 7/78

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3. 3			MONTH DA	Y YEAR LAST	BIRTHDAY) MON	NTHS DAYS HOU		ONOUNCED DEAD			YEAR 9:
70	female BIRTHPLACE			2 1951 28	10		9		CITY OR COU	12 19 NTY OF DEAT	
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2	1		(IF NOT IN SUC	H FACILITY, GIVE STREET AD	DRESS)		FOR MOS	ecretar	FE)	OR IN	DUSTRY
	Altimor JAL RESIDENCI		3619 E OR OTHER INSTITUTION	Elm Avenu	ADMISSION)					Ma 21	122/1
	STATE aryland	136. COU	NTY	Baltin	OWN	13d. INSIDE CITY LIN	13e STREET 2604	ADDRESS	Balt., ey Aver	Ma. Z	1234
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160.		ED EVER IN U.S. A		16b. SOCIAL SE	CURITY NO.		raine Mother:	A.	DRESS Bal		
	YES, NO, OR UNKN	OWN) (IF YES, GI	VE WAR OR DATES)	216-48		Lorrain	ne A. Sch	ueler	2604	heslev	AVO
		DE DEATH (Enter		∠ 10-48 line for (a), (b), and (7		2001		XIMATE INTER
	PART I D	CARLLING CALL	Mary Mary	cute Metha		nd Amitai	nterlina	don't and		BETWEEN	ONSET AND
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	couse (couse (couse couse)	use last.	(c)			ASE OR CONDITION GIVE	N IN PART 3 Io.	4			
N.O.	couse (couse (couse couse)	use last.	(c)	OR AS A CONSEQUI		ASE OR CONDITION GIVE	N IN PART 1 (a):				
ATION	PART 2 OTHER	use last.	(c)		THE TERMINAL DISE					20. AUTO	OPSY?
IFICATION	PART 2 OTHER	use last.	(c)	ATH BUT NOT RELATED TO 1	THE TERMINAL DISE			4			
CERTIFICATION	PART 2 OTHER 19a. DATE O	SIGNIFICANT CONDITION OF OPERATION IAL CAUSE WAS	(c)	ATH BUT NOT RELATED TO THE STATE OF THE STAT	THE TERMINAL DISE HOPERATION 21c.		?	URE OF WJUKY IN	ITEM 18 PART 1 OR	YES	
CALCERTIFICATION	PART 2 OTHER 19a. DATE O	SIGNIFICANT CONDITION OF OPERATION IAL CAUSE WAS	(c)	ATH BUT NOT RELATED TO Y	THE TERMINAL DISE HOPERATION 21c.	WAS PERFORMED	?	URE OF INJURY IN	ITEM 18 PART 1 OR	YES	
	PART 2 OTHER 19a. DATE O 21a. EXTERN UNDERLYIN CONTRIBUT 21d. INJURY	F OPERATION IAL CAUSE WAS G OR ING CAUSE OF	(c)	ATH BUT NOT RELATED TO THE STATE OF INJURY A.M. MONTH DAY P.M. JE OF INJURY (ATH	THE TERMINAL DISE OPERATION YEAR 19	WAS PERFORMED HOW INJURY OCC	CURRED (ENTER NAT		- 8	YES	KK NO
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MEDICAL	PART 2 OTHER 190. DATE O 210. EXTERN UNDERLYIN CONTRIBUT 210. INJURY WHILE AT WORK 270. I cer death resu ACTUAL SIGNATURE EXAMINER' (TYPE OR PR	FOPERATION IAL CAUSE WAS G OR ING CAUSE O OCCURRED NOT WHILE AT WORK Ited from: Not	S CONTRIBUTING TO DE 19b. CON 21b. TIME HOUR F DEATH 71e. PLAC street, rge of the remains burol causes 7.	OF INJURY A.M. MONTH DAY P.M. described above, hel Accident Korell	H OPERATION YEAR 21c. 19 21f. L d an Auto Suicide M. D.	WAS PERFORMED HOW INJURY OCC OCATION STREET Inspect Homicide TITLE (SPECI	pection, Undetern FY) 11 Penn 234 LOCA	Inquiry , nined manner AL EXAMINER	and in my DAT SIGN	YES PART 2) OUNTY Opinian	

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	L	FOR - STATE REGISTRAR		RTMENT OF HEA	F MARYLAND LTH AND MENTAL HYG ATE OF DEATH	IENE REG. N	。 79	-11	251
	(TYPI	CEASED NAME FIRST TAME		CE	RR	2a. DATE OF DEATH	MONTH DAY	3 1979 2	2:39 _M
	3. SE	MALE	NEGRO	5. DATE OF E	OŽ (ŠÃO	6. AGE (IN YEARS LAST BIR			HOURS MIN.
5	C	irthplace (state or foreign ountry) Maryland	76 CITIZEN OF WHAT COUNTR U.S.A.	MARRIED WIDOWED		BALTIMORE CITY C	OR COUNTY O	FDEATH	MD.
2	(BATIMORE		PITAL (OTHER INSTITUTION	RESEARCH COCUPATION OF COLUMN 120	ON F WORKING LIFE)	12b. KIND OF I	BUSINESS OR
3	130	AL RESIDENCE (IF NURSING HOME OR STATE 136, COUN	NOTHER INSTITUTION, GIVE RESIDENCE BEF	WN 13	d. INSIDE CITY LIMITS?	3712 H	ILFORT	D AVE	
25	14. FA	ATHER'S NAME FIRST A	MIDDLE LAST	15	MOTHER'S MAIDEN NAM	MIDDLE		LAST	
1		VAS DECEASED EVER IN U.S. AR/ YES, NO OR UNKNOWN) (IF YES, GIVE	14440 000 0 47771		Pat Fine, (A	addri dministrat		Home)	
		PART I. DEATH WAS CAUSE	ly one couse per line for (a), (b), o D BY: FE CAUSE (a) DUE TO, OR AS A CONSEO (b) DUE TO, OR AS A CONSEQ (c)	DUENCE OF	UREMIA			APPROXIMA BETWEEN ON:	ATE INTERVAL SET AND DEATH
7	CERTIFICATION	PART 2 OTHER SIGNIFICANT C (R) HETUS	SPHERIC CV	A '		200 AUTOPSY?	20b. IF YES, W	VERE FINDING	F DEATH?
7	MEDICAL CERT	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21c. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	DAY YEAR	It. HOW INJURY OCCURR II. LOCATION STREET		LY IN ITEM 18, PART		STATE
		220.1 certify that (I) (this larger saw the deceased alive on above, (I) (1) (did) (2)	wiew the body after delith	DEC		MEDICAL STAF	·F	•	
1		22d. PHYSICIAN'S NAME (TYPE OR	M. VERSON 1.	D. 22	address 3640 FOZD	CANE PO	M OTH	D 215	15

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

MPORTANT: If Item 21 is

23b. DATE

23c NAME OF CEMETERY OR CREMATORY

234 LOCATION CITY OF TOWN

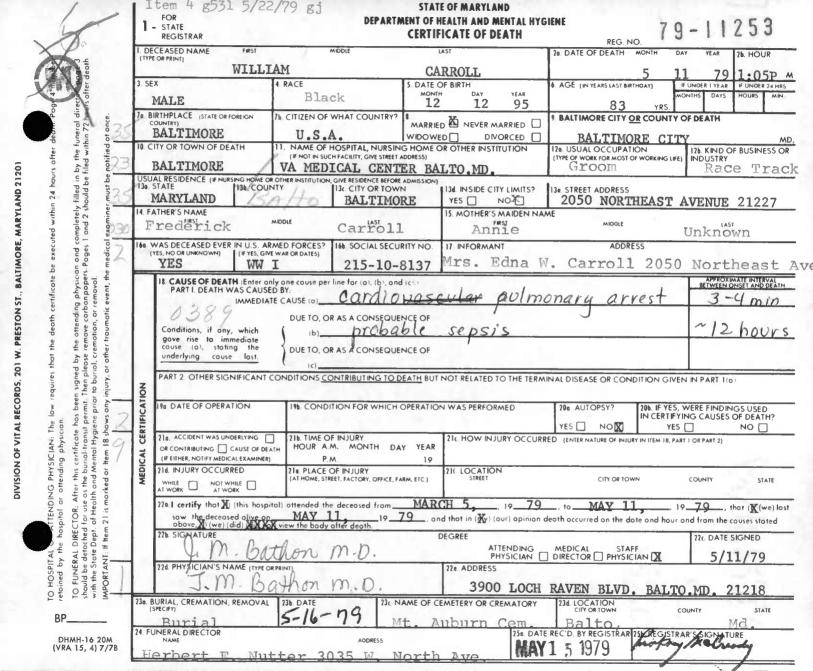
236. BURIAL, CREMATION, REMOVAL Burial 5/11/79 Westview Mem Pk 24 FUNERAL DIRECTOR
K. Maw Fuanaral Home 4611 Park Heights Ave MAY 8

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-11252 CERTIFICATE OF DEATH 1. DECEASED-NAME Lost , Middle 2a. DATE OF DEATH 2b. HOUR (Type or print) Month GERALDINE CARRINGTON 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last buthday) DAYS HOURS 17/4/25 Black Female ed in by the funeral shauld be filed with 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED N. Carolina U.S.A. WIDOWED | DIVORCED | 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address Bradford Street INDUSTRY during most of working life, even if retired.) PRESTON STREET, BALTIMORE, MARYLAND 21201 Baltimore 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admissign) STATE 13b. COUNTY YES NO Balto Bradford Street 14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle William Whitfield Mable Whitfield within 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address 21221= (Yes, na, or unknown) | (If yes give war ar dates of service) 240-38-4318 Linda Apson 1257 Sugarwood Cir no ottending physician 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATI PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) Correnan rise to immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse 3 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) cremation, DIVISION OF VITAL RECORDS, buriol-transit permit. 19a. DATE OF OPERATION 19b. CONDITION OR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [21a. ACCIDENT WAS UNDERLYING [21b. TIME OF INJURY buriol, 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 ar Part 2, Item 18.) DR CONTRIBUTING CAUSE DF DEATH HOUR A.M. Month Day Year (If either, natity medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town State County While Not while at wark at wark 22a. I certify that (1) this haspital) attended the deceased fram 10 10 , 19 46, ta \$11.1975, and that in (my) (aur) apinian death accurred on the date and have and from the saw the deceased alive an____ causes stated abave (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF DEGREE PHYS DIRECTOR PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 2444 E. Biddle St. - 21213 Stanley D. Madison.M.D. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION (County) (State) REMOVAL (Specify) Mt. auburn Cem 24 PLINERAL DIRECTOR ADDRESS. 2Sq. REC'D BY REGISTRAR 25b. RECOTRAR'S SIGNATURE DHMH-16 1/71 30M Charles A. Rice 1300 Eutaw Place (VR A15 (4))

STATE OF MARYLAND

79-11252



i	FOR FINA-22a Financial For For REGISTRAR	DEPART	MENT OF HEALTH	AARYLAND I AND MENTAL HYG ERTIFICATE OF I		79-11254
	DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	CA:	RTER	20. DATE KNOWN SOF ESTI- DEATH MATED [5 15 ₁₉ 79
M	female b lack	5. DATE OF BIRTH MONTH DAY YEAR 2/20/48	31 YRS.	HOURS MI	PRONOUNCED DEAD	5 15 19 79 A
\$ 35	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	U.S.A.	WIDOV		Baltimor	MU
833	Baltimore	Johns Hopki			a. USUAL OCCUPATION (TY FOR MOST OF WORKING LIFE)	PPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY
	SUAL RESIDENCE (IF IN NURSING HOME B. STATE 136 COUR Md. C:	NTY 13c. CIT	e before admission) y or town _lto.	13d. INSIDE CITY LIMITS? 13	street address 916 Sherwo	od Ave.
20 14	FATHER'S NAME FIRST James	McCov	LAST	15. MOTHER'S MAIDEN I		cCov
164	. WAS DECEASED EVER IN U.S. AF	RMED FORCES? E WAR OR DATES)	CIAL SECURITY NO.	Woodrow N	ADDRES	
ION, OR REMOVAL.	Canditians, if any, which gave rise ta immediate cause (a) stating the under lying cause last.	DUE TO, OR AS A COM	NSEQUENCE OF	E OR CONDITION GIVEN IN PART 1	70 (0)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Chemon			WHICH OPERATION W			20 AUTOPSY?
3	196. DATE OF OPERATION 216 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF 216. INJURY OCCURRED WHILE NOT WHILE	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	OW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 1	YES X NO
	21d. INJURY OCCURRED WHILE AT WORK AT WORK	21e PLACE OF INJURY STREET, FACTORY, FARM,	(AT HOME. 21f. LC	CATION	CITY OR TOWN	COUNTY STATE
2	ACTUAL SIGNATURE	rge of the remains described ob ural causes X. Accident	, Suicide	Hamicide TITLE (SPECIFY) D. Assistant	Inquiry , o Undetermined manner MEDICAL EXAMINER Penn Street	nd in my apinian , DATE SIGNED 5/16/79
BALTIMORE, MARYLAND, 21	Burial CREMATION, REMOVAL	23b. DATE 23c.	NAME OF CEMETERY C	R CREMATORY	Catonvil	le Balto. Md.
2	4. FUNERAL DIRECTOR	Rice 1300 E		25a. DATE REC		GISTRAR'S SIGNATURE

79-11251 The state of the s

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	total Amora,			12.00	2137	
200	-cc milest	Legal Control	negrae dat	of some	are sililar	
	O DETERMINED		WINE SAN			
		rnalo-di		i		
more research						

requires that the death certificate be

ITENDING PHYSICIAN: The low

TO HOSPITAL

ly filled in by the funeral director should be filed within 72 hours af

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physics should be detached for use as the burial-transit permit. Then please remave carbanpapes with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.

	STA	TE OF M	ARYL	AND
DEPARTMENT	OF	HEALTH	AND	MENTAL

CERTIFICATE OF DEATH

1-	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG	IENE REG. NO.	79-	11	256
	CEASED NAME FIRST	AMES	T.	CASEY	Jr.	20. DATE OF DEATH MO	1979	YEAR	9 HOUR
3. SE	X	4 RACE		5 DATE C		6 AGE (IN YEARS LAST BIRTHDA		DER I YEAR	IF UNDER 24 I
	Male	White		Marc		95	YRS.	DAYS	HOURS
0	IRTHPLACE (STATE OR FOREIGN OUNTRY)	Th CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	BALTIMORE CITY OR C		DEATH	
10 C	BALTIMORE	(IF NOT IN SUC	HOSPITAL, NURSIN THE FACILITY, GIVE STREET MEMORIAL	ADDRESS]	OR OTHER INSTITUTION	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W Retired Sal	ORKING LIFE) IN	b. KIND O IDUSTRY	F BUSINESS
13a. S	AL RESIDENCE (IF NURSING HOME O STATE 136 COUI TYLAND		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Baltime	'N	13d. INSIDE CITY LIMITS? YES 🔼 NO 🗍	13. STREET ADDRESS 4309 Arabi	a Avent	ıe .	
14. FA	ATHER'S NAME FIRST James	MIDDLE T.	Casey,		15. MOTHER'S MAIDEN NA/ FIRST Ann	WIDDLE		shman	ī
16a V	WAS DECEASED EVER IN U.S. AF	MED FORCES?	166 SOCIAL SECU		17. INFORMANT	ADDRESS			
	No	*	220-05-8	744	Mrs. Helen	Casey 4309 A	rabia /		MATE INTERVAL
NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT LICINARY To	DUE TO, O	ras a consequ renal	ENCE OF	re	INAL DISEASE OR CONDIT	ION GIVEN IN	4 d H W	ays ks
CERTIFICATION	190 DATE OF OPERATION 4/22/79+4/28/	79 cuto	own fo	1 - 1	N WAS PERFORMED	YES NO	Ob. IF YES, WE N CERTIFYING YES [CAUSES	
MEDICAL CE	216. ACÉIDENT WAS UNDÉRLYING! OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER	P.	M. MONTH D. M.	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY II	TITEM 18, PART 1 C	OR PART 2)	
WED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, F	FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	CO	YTNUC	STATE
	220.1 certify that (1) (this hasp sow the deceased live or above (1) we (did) did no 22b. SIGNATURE	teh attended th	e deceased from		nd tha (by(my) (our) opinion of				
-	dolol Ne		LMD		ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAL	N/DK	5-7	-79
22	LALAH NEW	BROUG		LAME OF O		Trad LOCATION			-
230. 6	BURIAL, CREMATION, REMOVAL SPECIFY) Burial	23b. DATE 5-11-	100		emetery or crematory	23d LOCATION CITY OR TOWN Baltimo	COUN		STATE and and
	UNERAL DIRECTOR NAME COnard J. Ruck,		ADDRESS		25e. DATI	E REC'D. BY REGISTRAR 256	PEGISTD AD'S		LIDE

DHMH-16 20M (VRA 15, 4) 7/7B

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LEVENIL COLUMN TO A STATE OF THE PARTY OF TH

Carte William Committee on the control of the contr

4	1.	FOR STATE REGISTRAR			DEPARTA	MENT OF H	E OF MARYL EALTH AND ICATE OF E	MENTAL HYG	IENE REG. 1	vo. 7!	9-11	257
1	(TYPE	CEASED NAME E OR PRINT)	- FIRST - Vel YI	1 6	AIDOLE	Cassel	IS-Smi	th	20. DATE OF DEATH	5	6 79	10:00 P
	3 SE	F		-	ve	S. DATE C	OF BIRTH	o A	6. AGE (INYEARS LAST BI	YRS.	MONTHS DAYS	IF UNDER 24 HRS
a ouce	C	IRTHPLACE ISTATE OR FO		U	SA	WIDOWE		VORCED _	9. BALTIMOTE OTY	To Ci	ty	MD.
Photified	1	Balto.		(IF NOT IN SIC	HOSPITAL, NURSIN PFACILITY, GIVE STEET	OSP TA	OR OTHER INST	TITUTION	(TYPE OF WORK FOR MOST Homema	OF WORKING LI		Home
er must b	130 5	Md.	13b COUNT Bal	Y	Towson	N	13d. INSIDE C	NO 🔼	7514 CIU	b Ros	ıd	
3C	F	Hardy	C		Giesk		E	s MAIDEN NAM	MIDDLE		Trenh	ölm
e medico	16a V	WAS DECEASED EVER YES, NO OR UNKNOWN) NO	(IF YES, GIVE V		218-32		Georg		sels-Smit		Same	
ither traumatic event, th		18 CAUSE OF DEAT PART I. DEATH W Conditions, if ony, gove rise to imm couse (a), statin underlying couse	/AS CAUSED IMMEDIATE , which mediate ng the	DUE TO, OI	Ine lar (0), (b), one Acte Arte RAS A CONSEQUE RAS A CONSEQUE	ENCE OF	inl mys	larbus	infaction			MAZE INTERVAL ONSET AND GEATH
y injury, ar ather tra	TION								INAL DISEASE OR CO		ZEN IN PART 1(
haws an	CERTIFICATION	190 DATE OF OPERA			TION FOR WHICH	OPERATIO			200 AUTOPSY?	IN CERTII	FÝING CAUSES	
ar Ifem 18 shaws any	MEDICAL CE	21g. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	CAUSE OF DEAT	P./	M. MONTH DA M.	AY YEAR			ED (ENTER NATURE OF INJ	URY IN ITEM 18, F	PART 1 OR PART 2)	
marked ar	MED	WHILE NOT WE AT WORK	HILE [21e. PLACE ((AT HOME, STR	OF INJURY PEET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	ON	CITY OR TO	NWC	COUNTY	STATE
21 is		220.1 certify that (I)	ed plive on_	10	19	5-1	nd that in (my)	(our opinion o	death accurred on the	date and hou		that (1) (we) last
VT: If Hen		22b. SIGNATURE	5	W	for			ATTENDING PHYSICIAN [AFF ICIAN 🗹	5-16	
MPORTANT: If Hem		DAG	1) 0	1 4 1	ITERS	34	22e ADDRES	Sinai	Hospital			

BP. DHMH-16 50M 7/77 (VR A 15 (4))

23a. BURIAL, CREMATION, REMOVAL (SPECIFY). Cremation

236 DATE

Greenmount

23d. LOCATION CITY OF TOWN Balto 23c NAME OF CEMETERY OR CREMATORY

COUNTY

4905 Yor W. Jenkins Balto, Md. Sons Co. 21212 Henry Road & York

D. BY REGISTRAR 256. RE 8

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En and doing-elec			

DHMH - 16 50M 7/77 (VR A 15 (4))

STATE	OF	MARY	LAND
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25	1-	STATE REGISTRAR			DEPARIN		CATE OF DEATH		REG. N	0. 79	-11	258	3
		CEASED NAME	FIRST	MIC	DDLE	LA	ST	19	2a. DATE OF DEATH	MONTH DA	Y YEAR	2h HOL	JR 7\
	1	OK PRIMITY	ROSE		E.	C	ERNY		MAY 8	1979		5:	004
1	3. SEX		4.	RACE		5. DATE O	F BIRTH DAY YEA		6. AGE (IN YEARS LAST BIR		NTHS DAYS	IF UN GER	24 HR5
		F		WHITE		4		0	79	YRS.	INTRS OATS	HOOKS	WIN
1		RTHPLACE (STATE OR	FOREIGN 7b		HAT COUNTRY?	8 AAA DDIED	NEVER MARRIE		BALTIMORE CITY	R COUNTY	OF DEATH	ATT	
1		PENNA.		U.S.F	-	WIDOWE			BALTO.	CIT	Y		MD.
	10. CI	TY OR TOWN OF DE			OSPITAL, NURSIN		ROTHER INSTITUTIO		120. USUAL OCCUPAT		12b. KIND O		ESS OR
S	1	BAITO.	(HUBC	. 11	PITAL			Md. DRYDO	1.2	10.	4 10	SIAIR
	USUA 13a. S	AL RESIDENCE (IF NU	RSING HOME OR OTH		IVE RESIDENCE BEFORE	ADMISSION)	121 INCIDE CITY III	JTC0 1			13.1111	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2119.07
5	V	4 1	138 COUNTY		36. CITY OR TOW	N I	13d. INSIDE CITY LIM	_	733 N.	HEST	FR .	ST.	
	14. FA	THER'S NAME		- 10	L H K L	`	15. MOTHER'S MAID	ENNAM	E				
Ħ		FIRST	MIDI	DLE	EAVE	4.55	FIRST		MARY		FAX	ST C	1
	16a. W	AS DECEASED EVE	R IN U.S. ARME		6b SOCIAL SECU	RITY NO.	17 INFORMANT		ADDR	ESS /	1 0 6	100	
	(Y	ES, NO OR UNKNOWN)	(IF YES, GIVE WA	AR OR DATES)	182-01-11	537	m. Dans	Con	722	n pl	to	14	
		W CAUSE OF DEA	711.5.1		20.0		14 yeary	(2001	4 1331	, cau	APPROD	KIMATE INTEL	RVAL
		PART I. DEATH	WAS CAUSED B	SY:	ne for (o), (b), one		NEUMONIA	1			BETWEEN	ONSET AND	DEATH
		11.51	IMMEDIATE (MUNICIPALI	1					
		7/6	1	DUE TO, OR	AS A CONSEQUE	NCE OF	HEART FA	TT.TT	RE				
н		Conditions, if an	mmediate	(b)					LMONARY 1	TSEAS	TE.		
		underlying cau		DUE TO, OR	CHRONI	MCERDS	TROCITAL	i ro	THOMAINT 1	DIDIE	1		
		DART O OTHER SK	CALIFIC AND COL	(c)	1 OT STAITURED IN	DEATH BUT	NOT BELATED TO THE	F TEDALIN	NAL DISEASE OR CON	IDITION CIVE	NI INI DADT 1	(-)	
7	NO	PART 2. OTHER SIC	SNIFICANT COL	NDITIONS <u>COF</u>	NIKIBUTING TO L	ZEATH BUTT	NOT RELATED TO THE	ETEKMIN	NAL DISEASE OR CON	IDITION GIVE	N IIN PART II	01	
	CERTIFICATION	19a. DATE OF OPER	ATION	19b. CONDIT	ION FOR WHICH	OPERATION	WAS PERFORMED		20a AUTOPSY?		WERE FINDS		
2	THE								YES NO X	YES		NO [
2	CER	210. ACCIDENT WAS U		218. TIME OF	INJURY . MONTH DA	VEAD	21c. HOW INJURY C	OCCURRE	D (ENTER NATURE OF INJU	IRY IN ITEM 18, PAR	ET 1 OR PART 2)		
71	AL.	OR CONTRIBUTING		P.M		19	100 2500						
	MEDICAL	21d INJURY OCCU	RRED	21e. PLACE O			21f LOCATION		CITY OR TO	WN	COUNTY		TATE
	2	WHILE NOT AT V	WHILE D	(AT HOME, SIREE	T, FACTORY, OFFICE, F	AKM, ETC.)	Jineer		CITOKIO			3	IAIL
		22a.1 certify that	(I) this hospital	attended the	deceased fram_	MAY	19	79	_, toMAY	8,	, 79	, that (I)	we) ast
		say the decer	and alive on	MAY 8	19	79_, on	d that in (my) our	pinion de	eoth occurred on the c	ote and hour	and from the	e couses st	oted
		114 SIGNATURE	7	- Cody o	N III		EGREE				22c. DATE	FIGHED	50
		Min	4 gold	rull	ecc.		ATTEND PHYSIC		MEDICAL STA		15/	8/	19
		274 PHYSICIANS	NAME (THEORIS	Hin .	1		Too ADDDESS		H HOSPIT		DODA	TON	
		W. IM	PAGLIA	TELLT.	M.D.		100 N.			ALTIMO			
-	23a. B	SURIAL, CREMATION		23b. DATE		NAME OF CI	EMETERY OR CREMA		23d. LOCATION			MD	
	42	SPECIFY)		5-11-19	979 19	akla	UN CEMET		BALIC		OUNTY	ST	ATE
	24. FL	MERAL DIRECTOR		- 1-1		10 PU			REC'D. BY REGISTRAF	25b. RE-012TH	AR'S SIC NA	TVE	1.
	52	June 1	211/1	2324	Q ADDRESS	142 1	84.	MA'	Y 1 0 1979	prop	7	-	7

79-11258 10 10 12A 14 50 A 1 A 3 1 A 5 AND THE REAL PROPERTY OF THE PARTY OF THE PA STALL STREET, AND LAKE THE LIKE THE REPORT OF THE PARTY O Committee of the second was a second of the second of the

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ATTENDING PHYSICIAN: The law

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O HOSPITAL

STATE OF MARYLAND

1-	STATE REGISTRAR	CERT	IFICATE OF DEATH	REG. NO.	79-11259
	CEASED NAME FIRST HOWARD	d Char	1ex	5	ONTH DAY YEAR 26 HOUR 17 79 1050 A
3. SEX	Male	Cdu 9	of Barth 23 48	AGE (INYEARS LAST BIRTHE	MONTHS DAYS HOURS MIN.
	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY? 8 MARR WIDON	RIED NEVER MARRIED DIVORCED DI	Baltimore City or	e) City ,
0 10 CI	21timore	1), NAME OF HOSPITAL, NURSING HOME TIFNOT IN SUCH FACILITY, GIVE STREET ADDRESS)	ng Center	120. USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF	12b. MIND OF BUSINESS C WORKING LIFE) INDUSTRY
	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION TO WITH TOWN TO WITH THE PROPERTY OF THE PR	YES NO NO	130 STREET ADDRESS CED	Avon Road
14. FA	ATHER'S NAME FIRST UNI	DODLE LAST	15. MOTHER'S MAIDEN NAI	unkois	LAST
	WAS DECEASED EVER IN U.S. ARAYES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECURITY NO WAR OR DATES) 21 2-05-5425	Farl Chaney	2023 7	Tred Avon Road
NOI	Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. PART 2. OTHER SIGNIFICANT C	(b)	CVA.	INAL DISEASE OR COND	ITION GIVEN IN PART 1(0)
CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERAT		YES NOTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
EDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DAY YEA		RED (ENTER NATURE OF INJURY	Y IN ITEM 1B, PART 1 OR PART 2)
MEDI	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOW	N COUNTY STATE
	sow the deceased alive on	ital) attended the deceased from 5/7/7-7-19 ital) view the body after death.	, and that in (my (our) opinion	death occurred on the do	te and hour and from the causes stated
	226. SIGNATURE J. J.	elle, mo	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	
	22d. PHYSICIAN'S NAME (TYPE OF	ener, no.	Faderal 1	Hill Nax	say Home
	BURIAL, CREMATION, REMOVAL		F CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE

DHMH - 16 25M

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed within 72 haurs after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

(VR A 15 (4)) 9/74

24. FUNERAL DIRECTOR

250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

19-11259 At 15 But I was to be a sent the The state of the s The Control of the Co and the service of th BURNER STARTE MELLERS SELLENGE STARTED BY

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Own Home

IF UNDER 1 YEAR

INDUSTRY

DAYS

IF UNDER 24 HRS

HOURS

12b. KIND OF BUSINESS OR

Daire Balto. Md.

CONDITION GIVEN IN PART 1(a)

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTY STATE

22c. DATE SIGNED May 11, 1979

COUNTY

Balto. Md.

24 FUNERAL DIRECTOR Henry W. Jenkins & Sons Co.

5 York Road Balto.

DHMH-16 20M (VRA 15, 4) 7/7B FOR

Comment of the contract of the

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH 26 HOUR (TYPE OR PRINT) CHASE PHYLLIS 3 SEX 4 RACE DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 12 -TO BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALT HSEWFE SINAI USUAL RESIDENCE, UE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSIONI 13b COUNTY 136 CITY OR TOWN 13e STREET ADDRESS 3525 LUCILLE AVE 21215 BALT BACT YES DE 14. FATHER'S NAME S MOTHER'S MAIDEN NAME 160 WAS DECEASED EVER IN U.S. ARMED FORCES 16h SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) I HEYES GIVE WAR OR DATEST APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and ic PART I. DEATH WAS CAUSED BY ELECTROLYE DISTURB ANCE IMMEDIATE CAUSE 10 OR AS A CONSEQUENCE OF INSIPIDUS Conditions, if any, which DIABETES gave rise to immediate ARTERY ANEURYSMU couse (o), stating DIVISION OF VITAL RECORDS, 201 W. POSTERIOR COMMUNICATING PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110. CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? CEREBRAL ANEURYS MS NO X NO [710 ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART) OR PART 2) 8 HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 211. LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY ō CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE NOT WHILE WHILE AT WORK AT WORK 220.1 certify that (1) this hospital attended the deceased from Tour opinion death occurred on the date and hour and from the causes stated and that in (my 775. SIGNATUR DEGREE -ATTENDING MEDICAL STAFF FUNERAL uld be deto PHYSICIAN [] DIRECTOR PHYSICIAN 22e. ADDRESS HOSPITAL OF BACTIMORE WAPNER 23d LOCATION 23a. BURIAL EREMATION REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 5-25-29 24. FUNERALDIRECTOR DHMH - 16 60M 1/75 1412E. Preston St. MAY 2 2 (VR A 15 (4))

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE OF DEATH DAY 2b. HOUR TYPE OR PRINT 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) 3. SEX 5 DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN 91 7a. BIRTHPLACE ISTATE OR FORFIGN Th CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED COUNTRY WIDOWED DIVORCED II CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR NOT IN SUCH RACILITY, GIVE STREET ADDRESS (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) filled ould b 13. STREET ADDRESS 136 COUNTY CITY, OR TOWN 13d. INSIDE CITY LIMITS? NO 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE LAST FIRST MIDDLE LAST IODD medical 17 INFORMANT **ADDRESS** 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO I (IF YES, GIVE WAR OR DATES) LYES. NO OR UNKNOWN) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ŧ PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO, OR ANA CONSEQUENCE OF Conditions, if ony, which gave rise to immediate

cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 9 prior 78h. IF YES. WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES | NO [YES [Hygi 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH entol MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION ō 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK AT WORK 220.1 certify that (II like hospital) attended the deceased from. 19_ ____ that (I) (We)Jast saw the deceased alive an_ and that in (my) tour) apinion death occurred an the date and haur and from the causes stated above, (1) (wer (did) (did not) view the body after death. 226. SIGNATURE DEGREE 22c DATE BIGNED ATTENDING MEDICAL DIRECTOR PHYSICIAN PHYSICIAN MPORTANT 22e ADDRESS ld b ŧ 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE STATE CITY OR TOWN 5/19/79 Burial Church Cemetery Fredericksburg, Va. 250. DATE REC'D. BY REGISTRAR 256. RESISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR

1101 E. North Ave.

C. March F/H

DHMH-16 20M (VRA 15, 4) 7/78

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1	1.	FOR STATE REGISTRAR	2	DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	79-	112	66
ge 3		CEASED NAME CHARTAK		Dee	cl	Suey	20 DATE OF DEATH	MONTH DA	Common 1	4 ON AM
Page 4 may be director, page 3 bours after death	3. SE		4 RACE		5 DATE C		6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
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he funerol di within 72 ho	7a. Bi	RTHPLACE (STATE OR FOREIGN China	76 CITIZEN OF W	HAT COUNTRY?	MARRIEI WIDOWE	DI DIVORCED	Baltin Baltin	orcounty o more Ci		MD.
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erificate be execu- g physician and cr ompopers. Pages i emoval.		No	2	218-32-5	293A	Calvin Chin,	325 Park	Avenue,	Baltin	nore, Md.
ow requires that the death ce been signed by the attending rmit. Then please remove cost prior to burio!, cremation, or any injury, or other troumatic.	CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	CONDITIONS CON		DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON		VERE FINDING	
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SPITAL OR A d by the host NERAL DIREC be detoched e Stote Dept. TANT: If Item		22b. SIGNATURE	Clowort	The Co	ok '	MD ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN []	5. 2	-0
TO HOSPITAL To FuneRal (should be deto with the Stote [IMPORTANT: If		22d PHYSICIAN'S NAME (TYPE C E. Elbwort	h Gol			2431 Mary		2. B	alto N	19 2018
BP	23a. E	SURIAL, CREMATION, REMOVAL Burial	23b. DATE 5/7/79			METERY OR CREMATORY LE Pk Cemetery	23d LOCATION CITY OR TOWN Woodlaw		OUNTY	STATE
	24. FI	JNERAL DIRECTOR	3/1/17		VIIdI		E REC'D. BY REGISTRAR			
DHMH-16 20M (VRA 15, 4) 7/78	ST	EWART & MOWEN	co., 108	W. Nort	h Ave.	21201	V 9 1070	PL	. Sol	

19-11266

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	1.	STATE . REGISTRAR	DE	PARTMENT OF H CERTIF	ICATE OF DE		REG. N	79-	11267
		CEASED NAME OR PRINT)	h W	Ci	sla	K	20 DATE OF DEATH	MONTH DAY	YEAR 26 HOUR 9 P. M
	3. SE	× Male	White	5 DATE C		1915	6 AGB (IN YEARS LAST BIR	MONTHS	ER I YEAR IF UNDER 4 HRS
e Clonce	0		76 CITIZEN OF WHAT COU	MARRIE	D NEVER MA	ARRIED 🕱	9 BALTIMORE CITY O	_	EATH
notified of	10 C	Baltimore	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIV NORTH Char	les Gene	OR OTHER INSTIT	ORCED TUTION oital	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O	ION 12b	AND OF BUSINESS OR DUSTRY HOME IMPROV.
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23b_DATE

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DIAME OF CEMPTERY OR CREMATORY

DHMH - 16 60M 1/75 (VRA 15 (4))

230. BURIAL REMATION, REMOVAL

250. DATE REC'D. BY REGISTRAR

YES [

COUNTY

77c. DATE SIGNED

YEAR

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INDUSTRY

2h HOUR

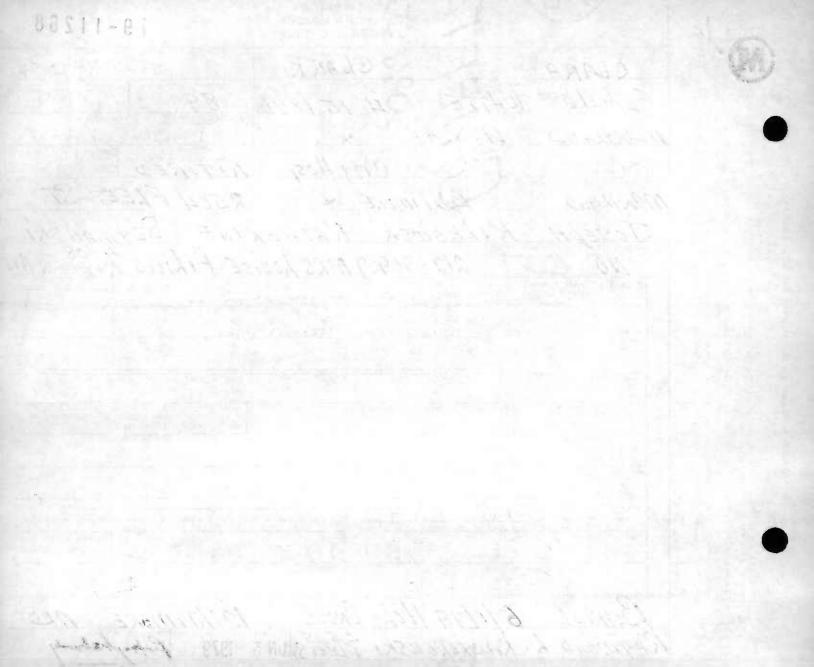
126 KIND OF BUSINESS OR

BETWEEN ONSET AND DEATH

NO [

STATE

IF UNDER 24 HRS



death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely fulled in by the funeral director should be detached for use as the busial-transit permit. Then please remove corbonpapers. Pages 1 and 2 should be filed within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO.	7	9	- 1	1	2	6	9

	OF LOCK LIVING	FIRST	٨	AIDDLE	L.	AST	2a DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
	CEASED NAME OR PRINT)									
		ALBERT		E.	CLAS	ING	May 6, 1			4:15F
3 SE		4	4 RACE		5 DATE OF BIRTH		6 AGE (IN YEARS LAST E	IRTHDAY)	IF UNDER I YEA	
	Male		White		Janu	ary 23,1922	57	YRS	MONTHS DAYS	HOURS MI
	RTHPLACE (STATE OR FOREIGN		76 CITIZEN OF WHAT COUNTRY?		MARRIED X NEVER MARRIED		9 BALTIMORE CITY	OR COUN	TY OF DEATH	
	Maryland		U.S.A.		WIDOWE		Baltin	ity	y ,	
	Baltimore	9	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Maryland Ger				12d USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) Sales Representive C.B.S.			
USU. 13a. S	ALRESIDENCE (IF NUI STATE Maryland	13b COUNTY	HER INSTITUTION.	GIVE RESIDENCE BEFOR 134. CITY OR TOW Baltimon	/N	13d. INSIDE CITY LIMITS? YES 😿 NO 🗌	13e STREET ADDRES 3837 Sh	S		
.4. F.A	Albert	Ë	DIE	Clasi	ng	15 MOTHER'S MAIDEN NA FIRST Gertrude	MIDDLE		Neal	AST
6a V	WAS DECEASED EVER	(IF YES, GIVE W	D FORCES? AR OR DATES)	166 SOCIAL SECU		17. INFORMANT		RESS	E. 1	
	ies	WW 11		219-07-5	5483	Mrs Anna Cl	asing		Same	
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DHMH - 16 60M 1/75 (VR A 15 (4))

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME FIRST 20. DATE KNOWN MONTH (TYPE OR PRINT) Minnie P. EST1-5 30 Clav Robinson DEATH MATED 4 RACE IF UNDER 1 YR. IF UNDER 24 HRS DATE 6:44 AST BIRTHDAY) PRONOUNCED female. black 48 19 79 p. M DEAD 76 CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Va. USA Baltimore City DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE! Baltimore Sinai Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3503 Virginia Ave. 13a. STATE Baltimore 13d. INSIDE CITY LIMITS? Md. YES X 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Samuel Robinson Emma Thompson 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ADDRESS 216-28-9015 Ralph W. Robinosn 745 Milton Ave CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) DIVISION OF VITAL RECORDS, CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL, YES | NO X 21g. EXTERNAL CAUSE WAS 71b. TIME OF INILIRY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK WHILE CITY OR TOWN COUNTY STATE PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: FAFTER DEATH, WITH THE SHALLIMORE, MARYLAND, 21 Inspection X 22a. I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my opinion death resulted from: Notural causes Accident Homicide Undetermined monner TITLE (SPECIFY) 5/31/79 Assistant MEDICAL EXAMINER EXAMINER'S NAME Virginia L. Dolan, M.D. 111Penn Street, Balto.MD 21201 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY STATE Burial 6/5/79 King Mem. Park Baltimore Co., Md. 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 186 REGISTRAR'S SIGNATURE **DHMH-17** Wm C March F/H TTO1 E. North Ave. (VR A15 ME (5)) 15M 7/76

STATE OF MARYLAND

70-11270 was the contract of the contra

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

9	1	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 79-11271						
M	I. DE	CEASED NAME FIRST PROTECTION OF THE PROTECTION O	YUNE C 4 RACE White	S. DATE (20 DATE OF DEATH 5 6. AGE (IN YEARS LAST BIR)	MONTH DAY 3 - 7 HDAY) IF UNDER MONTHS YRS.	DAY YEAR 26. HOUR 30	
within 72 fice	We	IRTHPLACE (STATE OR FOREIGN COUNTRY) Vinginia ITY OR TOWN OF DEATH	76. CITIZEN OF WHAT COUNTRY? USA 11. NAME OF HOSPITAL, NURSIN	WIDOWI	D X NEVER MARRIED DIVORCED	BALTIMORE CITY O	CITY ON 12b	KIND OF B	MD BUSINESS OR
ould be filed	USU	STATE IS COUN	OTHER INSTITUTION GIVE RESIDENCE REFOR	SPITA E ADMISSION)		130. STREET ADDRESS,		Road	
and 2 sh	14 F.	ATHER'S NAME	ANDRIE MILL	en	15 MOTHER'S MAIDEN NAM			Howai	
the medical	160)	WAS DECEASED EVER IN U.S. AR. YES, NO OR UNKNOWN) (IF YES, GIVE YES	wed forces? 166 social sections of the social	979	Mr. John (. (parts 520 C	Mone, Mai		d 2122 Road
Then please remove corb ar to burial, cremation, ar- y injury, or other traumatic	Tion		(b)	DEATH BUT					
Shows on	CERTIFICATION	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATIO		200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING C YES [AUSES OF	
verial-tran	MEDICAL CI	OR CONTRIBUTING CAUSE OF DEA		AY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART 1 OR	PART 2}	
os the builth ond M		WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, I	ARM, ETC.}	STREET	CITY OR TOV	vN COU	NIY	STATE
toched for use Dept. of Heo If hem 21 is m		22a. I certify that (I) (this haspit sow the deceased alive an above, (I) (we) total (and not 22b. SIGNATURE	ol) ottended the deceosed fram_ 19_) view the body after death.			MEDICAL STAI	F 12		
should be der with the Stote	220	22d PHYSICIAN'S NAME (TYPE OF	ROLAN	0	900 CATON		IMORE, M	D. 21	229
	-	BURIAL, CREMATION, REMOVAL SPECIFY) Burial		timon	emetery or crematory Le National Cen			Man	state
H-16 20M	24 F	C Cully Function	Patapsco Aver	me L	alto. Md. 250 DATE	REC'D. BY REGISTRAR	250 REGISTRAR'S S	SUCCE	rody



Carried Carried Control

TEO STOLL SER! CONTROL TO THE STAR S, 4920 IIII CENERALE MORTH RESERVED A TIME LE CORP. LE MARGE MESTE tion Enthology Control of the Contro 10 37, CC HOPPITAL AND EUTE OF CLUT CONTROL OF CONT Included. Brown & September 1912 W. March. 18. Will have a september 1919 William 1919 Asserted to the contract of the contrac

STATE OF MARYLAND

Manager of the Broken below accounts dentitable receipt of the fall at the river of the FOR

- STATE

DHMH-16 20M

(VRA 15, 4) 7/78

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO LAST 2ª DATE OF DEATH MONTH 2b. HOUR 0 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IE LINDER 24 MRC 1 900 MONTHS DAYS HOURS YRS **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED DIVORCED [BALTIMORE CITY 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY OPERA 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 621/2 WINTERS NO [15 MOTHER'S MAIDEN NAME MIDDLE BOSTON ADDRESS THELMA V. COE 62 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 1 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES TH NO YES TH NO I 216 HOW INJURY OCCURRED. (ENTER NATURE OF INJURY IN ITEM TR. PART.) OR PART. 2) CITY OF TOWN COUNTY STATE that (I) (we) lost and that (n (my) (our) apinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN CATON AVE. BALTIMORE, MD 21229

23d LOCATION CITY OR TOWN COUNTY

24 FUNERAL DIRECTOR NUTTER 3035 W. NORTH

STAP

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

STATE

	10			5OB					E OF MARYLAND					
·W	· w		1.	FOR STATE REGISTRAR			DEPARI		ICATE OF DEAT		REG. NO	7 9	-	275
XO	0-0			CEASED NAME F	RST	1000	MIDDLE		AST		20 DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
"	6- T		,,,,,	FL(DREI	ICE	fat II	COI			MAY 23 1	979		1:42 7
			3 SE	Х	111	4 RACE		5. DATE O			AGE (IN YEARS LAST BIRT		IF UNDER 1 YEAR	IF UNDER 24 HRS
	57 19)		FEMALE		WHITI	E	JUL	Y 9, 1920		58	YRS.	DA75	, mare
		10		RTHPLACE (STATE OR FOREIC	N I	6 CITIZEN OF	WHAT COUNTRY	8 MARRIE	D NEVER MARR	RIED XX	BALTIMORE CITY O	R COUNTY	OF DEATH	
	1 10	277		MARYLAND		USA	4	WIDOWI			BALTIMOR	E CI	ry	MD.
	四点。	22	10 C	TY OR TOWN OF DEATH	1		HOSPITAL, NURSI		OR OTHER INSTITUT		12a. USUAL OCCUPATI		12 KIND	SNAL OR
201	الله الله	ē/17		BALTIMORE	1	TOHN	S HOPKI	NS H	SPITAL.	14 10	TECHNICAL	WRITER		ITY AGEN
213	hou hou d'in d'be	d'a	USU 13a	AL RESIDENCE (IF NURSING	COUN	OTHER INSTITUTION	GIVE RESIDENCE BEFO		13d. INSIDE CITY LI	IMITS?	3e STREET ADDRESS		MALE	
AN	filled hould to	E) ()		MARYLAND C	ARRO	I.L.	ELDERSI	BURG.	YES NO		6203 LONG	MEADO	W DR.	#21784
RYL	letely d 2 sh	Mine /	14. F/	ATHER'S NAME FIRST	M	NDDLE	LAST		15. MOTHER'S MAI	IDEN NAMI	MIDDLE		LAS	1
WA	completely	ex.		HYMAN			COHEN			ECCA			LAHI	
ORE,	nd ce	dicol		VAS DECEASED EVER IN (MED FORCES?	166 SOCIAL SEC	URITY NO.	17. INFORMANT	MISS	IDA COHÊN	SS	10.4	200
I W	9 -6-0	E		NO			214-18-	9927			DOW DR. EL			21784
BALTIMORE, MARYLAND 2120	ovel.	, †		18 CAUSE OF DEATH (E	nter onl	y one couse per	line for (0), (b), 0	nd (CI)T	_				BETWEEN C	MATE INTERVAL DNSET AND DEATH
ST.,	po p	eve		IM/	MEDIATE	CAUSE (a)	gardiac	. cel	1257					
O N	andig	notic		410-		DUE TO, O	R AS A CONSEOL	JENCE OF	//					
RESI	atter nave	trout		Conditions, if any, what gave rise to immedi		(b)	cardiage	NIC.	shock t					
W. PRESTON ST.,	by the	other		couse (o), stoting	the ost	DUE TO, O	R AS A CONSEOL	JENCE OF						
201	ned b	o .	- 3	PART 2. OTHER SIGNIFIC	CANTO	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO T	THE TERMIN	IAI DISEASE OR CONI	OITION GIVE	N IN PART 1/2	
DIVISION OF VITAL RECORDS,	n sign Then tab	injur,	NO			<u> </u>	51 THIO 11 TO 10	50.	THE RECEIVED TO T		THE DIOENOE ON CO.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Ö	beer mit.	huo /	CERTIFICATION	190 DATE OF OPERATION	1	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	D	20s AUTOPSY7	Ob. IF YES,	WERE FINDIN	IGS USED
AL R	he lon.	Swo /	TIE								YES O NOD	YES		NO [
VII	SICIAN: T ng physici certificate urial-transi	88.4	CER	21a. ACCIDENT WAS UNDERLY		216. TIME C		AY YEAR	21c. HOW INJURY	OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18, PA	RT 1 OR PART 2)	V 33 III.
Ō	g ph g ph ertif iolit	Hem	CAL	OR CONTRIBUTING CAUS		n	M.	19						
O S	¥ go sig ₹	0	MEDICAL	21d INJURY OCCURRED			OF INJURY	FARM. ETC.)	211. LOCATION STREET	13	CITY OR TOW	/N	COUNTY	STATE
<u>></u>	offer of the hon	morked	~	AT WORK AT WORK					100	2573				44.53.5
	TENDIF fol or OR: A Or use	is mo		22a.1 certify that (I) (thi			e deceased from		, 19		_, to			that (I) (we) last
	F 9 1340	121		sow the deceased a above, (I) (we) (did)	live on _ (did not	view the body	ofter death.	79	nd that in (my) (our)	opinion de	oth occurred on the do	te and hour	and from the	couses stated
	OR A be hos birked bept.	±e-		226. SIGNATURE	/	. 1			DEGREE	10.11.0	WEDICAL STAT		22c. DATE	SIGNED
	y the XAL D detoc	±		tere	1	exser	0 1	MO	PHYS	ICIAN [MEDICAL STAF		3/2	3/19
	ned by the FUNERAL uld be detected the State	RIA		22d. PHYSICIAN'S NAME	(TYPE OR	PRINT!			22e. ADDRESS	/	11 1		4	On.
	TO HOSPITAL of the TO FUNERAL Is should be deto with the State I	MPORTAN		34600	A	elsc	13		John	US	Hophe	5 /	(Ospe	COLI
	F F S S	_	. 23a.	BURIAL, CREMATION, REA	MOVAL	23b. DATE			EMETERY OR CREM		23d. LOCATION CITY OR TOWN		COUNTY	STATE
	BP	-		BURIAL		MAY 24	,1979	BETH J	ACOB ANSH			SEDALE		
DH	MH - 16 50M 7/7 (VR A 15 (4))	7	24_ F	UNERAL DIRECTOR S	OL I	LEVINSO	N & BROS	., INC		ZSa. DATE	REC'D. BY REGISTRAR	ZSb. REGISTR	RAR'S SIGNAT	URE
	(4K Y 13 (4))			6010 REISTE	RSTV	DWN RD.	, BALTO.	, MD 2	21215	JUN	1 1979	prints	y has	

19-11-275 party spiral

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MD 21215

(VR A 15 (4))

6010 REISTERSTOWN RD

STATE OF MARYLAND

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MPORTANT

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TO FUNERAL DIRECT should be detached fi with the State Dept o

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RTMENT OF HEALTH AND MENTAL HYGIENE

FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH I. DECEASED NAME (TYPE OR PRINT) HENR SEX S. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 47 WHITE 19, 1932 DAYS MAR. MALE To. BIRTHPLACE STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED XXXXER MARRIED BALTIMORE CITY MARYLAND USA DIVORCED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 1267KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS)
SINAT HOSPITAL (TYPES TOCKBROKER WORKING LIFE) BALTIMORE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130, STATE 138, COUNTY 137, CITY OR TOWN 3408 OLD POST DR. 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS #21208 YES [NOXXX MARYLAND. BALTO BALTIMORE IS MOTHER'S MAIDEN NAME 4 FATHER'S NAME FIR51 MIDDLE LAST FIRST MIDDLE LAST BERMAN SELDA MILTON COHEN ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) MRS. LESLIE COHEN 3408 OLD POST DR. YES KOREAN-ARMY 213-30-0728 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause 101, stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES T NO [21h. TIME OF INJURY ACCIDENT WAS UNDERLYING 2 Ic. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19

71d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK 220.1 certify that (1) (this haspital) attended the deceased from

sow the deceased plive on and that in (my) (aur) apinian death occurred an the date and haur and from the causes stated abave, (1) (we) (did) (did not) view the body ofter death 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR | PHYSICIAN PHYSICIAN

22e. ADDRESS

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

230. BURIAL, CREMATION, REMOVAL

(SPECIFY)BURIAL

23c. NAME OF CEMETERY OR CREMATORY ADATH YESHURUN

COUNTY STATE MARYLAND

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD., BALTO, MD 21215

MAY 31,1979

23b. DATE

JUN

25g. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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1144 34 1974 1266	Comen	17 Karas	4	
		12) 12) 12 Labert 12 Laber		
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1270

9	'	REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO	. 19.	-11	210
		CEASED NAME ORPRINT)	PEI		WIDDLE	Co	HM	20. DATE OF DEATH	22,	1979	212 PM
	3. SE	х —	F-1	4 RACE		5. DATE O		6. AGE (IN YEARS LAST BIRT	HDAY) IF	UNDER I YEAR	IF UNDER 24 HRS
	F	EMALE	9210	WHITE		SE	PT. 15, 1882	96	YRS.	NTHS DAYS	HOURS MIN.
		RTHPLACE ISTATE OR FO	DREIGN	76 CITIZEN OF	WHAT COUN	TRY? 8		9 BALTIMORE CITY O		F DEATH	
35	M	ARY LAND	100	USA		WIDOWE	D NEVER MARRIED L	BALTIMORE CI	TY		MD
	10 CI	TY OR TOWN OF DEA	TH			URSING HOME	DROTHER INSTITUTION	12a USUAL OCCUPATI	ON		OF BUSINESS OR
0		ALTIMORE			17 GIS			HOUSEWIF		INDUSTRY AT	HOME
35	13a S	AL RESIDENCE (IF NURS STATE ARYLAND	13b COUN	OTHER INSTITUTION	BALTO	TOWN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 5717 GI	ST AVE		#21215
00	14 F.A	REV. HE	RMAN '	MIDDLE	GLASS	r	15 MOTHER'S MAIDEN NA RACHEL	WE		FRIED	ST
1	16a V	VAS DECEASED EVER			166 SOCIAL	SECURITY NO.	17 INFORMANT	ADDRE	\$5		FICHTAS I
/	N	0			220-44	-7847J1	HENRY P. COL	IN 6303 PAR	K HTS.	AVE.	21215
		18 CAUSE OF DEATI	H (Enter on	ly one cause per	line for (a), (b	b1, and (c1.)			TEU	APPROX BETWEEN	ONSET AND DEATH
		PART I, DE ATH W		E CAUSE (o)	Firther	undersk	= heart dese	ene		10	yr
		2506		DUE TO, O	R AS A CONS	EQUENCE OF					0
T		Conditions, if ony,		(ıb)	Dear	cte, 14	elleta		THE STATE OF	20	142
		gove rise to imm couse (0), stating underlying couse	g the	DUE TO, O	r as a cons	EQUENCE OF				2	weeks
	NOI	PART 2. OTHER SIGN		ONDITIONS CO		S TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 1	01
2	CERTIFICATION	19a DATE OF OPERAT	ION	19b. COND	ITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V IN CERTIFYIY YES	NG CAUSES	NGS USED S OF DEATH?
9	_	210. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTIONS (IF EITHER, NOTIFY MEDICAL	AUSE OF DEA	TH 21b. TIME O	M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART	1 OR PART 2)	
	MEDICAL	21d. INJURY OCCURR WHILE NOT WH AT WORK AT WOR	RED	21e PLACE	OF INJURY	FFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOW	'n	COUNTY	STATE
		22a I certify that (I) sow the decease above, (I) (ye) (d	d olive on	M	BYY	76	nd that in (my) (our) opinion	to Y a			that (I) (we) last couses stated
		22b. SIGNATURE	Ne Me	T WEW THE BODY	A		DEGREE			22c. DATE	SIGNED
		Hermal)	na.	201100	treim	10	MID ATTENDING PHYSICIAN	DIRECTOR PHYSIC	F IAN 🗌	5	~2-79
1		HERBERT	/ E3		ER, M.	D.	27e. ADDRESS 2601 MAD I	SON ST.			
	23a B	SURIAL, CREMATION,	REMOVAL	23b. DATE	Anton		EMETERY OR CREMATORY	23d. LOCATION		DUNTY .	A S PSIAIE
		BURIAL		MAY 23	,1979	BALTIMO	DRE HEBREW	BÄLTIMOR	E	N	MARYLAND

MPORTANT: If Item 21 is marked or Item 18 shows any injury, or other troumotic event, the

TO FUNERAL DIRECTOR: After this certificate has been signed by should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygene prior to burial, cri

DHMH-16 50M 7/77 (VR A 15 (4))

etoined by the hospitol or

24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD., BALTO., MD

MAY 23,1979 BALTIMORE HEBREW

21215

MARYLAND

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE MAY 2 5 1979

87514-27 1181 32 - 12 34 To be well and he was blessed 10 Just Decler Million 2-23-4 Acat Complete The second of the second of the second

	FOR STATE REGISTRAR	STATE OF MARYI DEPARTMENT OF HEALTH AND CERTIFICATE OF	MENTAL HYGIENE	79-11279
) took	DECEASED NAME FIRST (TYPE OR PRINT) BE RA	IARD Cole	2a. DATE OF DEATH	5 06 79 6 35 A
direction الم	Male	1. RACE S. DATE OF BIRTH MONTH DAY	6 AGE (IN YEARS LAST BIRTI	HDAY) IF UNDER LYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
roll 2	a BRI PLACE (STATE OR FOREIGN ARVANCE ARVANCE	76 CITIZEN O WHAT COUNTRY? 8. MARRIED NEVER	MARRIED 9 BALTIMORE CITY O	R COUNTY OF DEATH
by the fune filed within notified at	BAHIMORE	11. NAME OF HOSPITAL, NURSING HOME OR OTHER IN: (IF NOT IN BUCH FACILITY, GIVE STREET ADDRESS) COUR		ON 175 WIND OF BUSINESS OF EVENTS LIFE) INDUSTRY
filled in ould be must be	UAL RESIDENCE (IF NURSING HOMEO 136/COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) NTY 130 OTY OF TOWN 130 INSIDEN	CITY LIMITS? PRESS PLEAS	santlale 1 DR
campletely 1 and 2 sh al examiner	FATHER S NAME		R'S MAIDEN NAME FIRST OOS 1 A MIDDLE	LAST
Page:	60. WAS DECEASED EVER IN U.S. AI (YES, NOOR UNKNOWN) (IF YES, GIN	RMED FORCES? 166. SOCIAL SECURITY NO. ITINFORM EWAR OR DATES) 219-01-8660 ERNE	Stine Brown 1002	Pleasant Oaky Da
the attending physic remove carbonpope emation, ar removal. er traumatic event, th	PART I. DEATH WAS CAUS	DUE TO, OR AS A CONSEQUENCE OF CHORUS (b) DUE TO, OR AS A CONSEQUENCE OF CHORUS (b) DUE TO, OR AS A CONSEQUENCE OF CHORUS	failure ahstulie leng	APPROXIMATE INTEVAL BETWEEN ONSET AND DEATH
signed then ple ta buria njury, ar		CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATE		DITION GIVEN IN PART 1(a)
has been prior ene prior any any	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH OPERATION WAS PERF	ORMED 200 AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
is certificate burial-transit Mental Hygie ar Item 18 sha	OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH DAY YEAR	NJURY OCCURRED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)
the bu	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCAT STREET		COUNTY STATE
for use of Heal	saw the deceased alive or	ot view the body after death.	, 19 , to	, 19, that (I) (we) los ate and hour and from the causes stated
0 % 0 =	726. SIGNATURE KURAG -	yer Huary M.D.	ATTENDING MEDICAL STAF	
FUNERAL uld be deto h the State ORTANT:	22d. PHYSICIAN'S NAME (TYPE	ORPRINTY HUANG 220. ADDRE	SI SOLAMO H	sontal 2/22

BP.

DHMH - 16 50M 7/77 (VR A 15 (4))

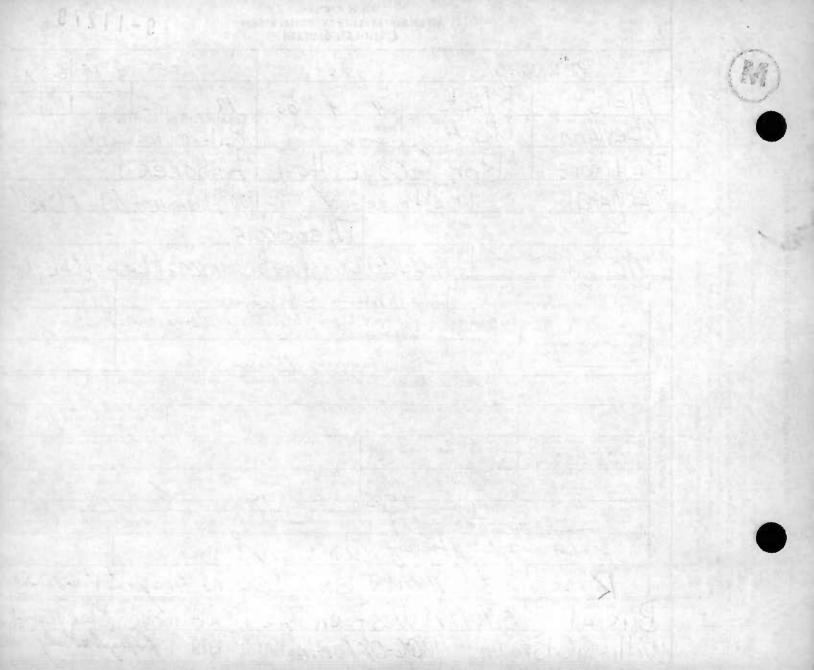
24 FUNERAUDIRECTOR

BURIAL, CREMATION, REMOVAL

23b. DAT

23c. NAME OF CEMETERY OR CREMATORY

250. DATE REC'D. BY REGISTRAR 250. RESSTRAR'S SHANATORE MAY 9 1979



STATE OF MARYLAND

	1 - STATE REGISTRAR			DEPARIA		ICATE OF DEATH	TUIENE	REG. NO.	79	-112	280
	1. DECEASED NAME (TYPE OR PRINT)	EONA		M.	/	CEMAN	20. DA1	5 of DEATH	8 PA	Y YEAR 79	3 A M
	3. SEX		4. RACE	W	5. DATE C		6 AGE	(IN YEARS LAST BIRTHDAY		UNDER YEAR	IF UNDER 24 HRS HOURS MIN.
	70. BIRTHPLACE (STATE O COUNTRY) Jud.			WHAT COUNTRY?	MARRIE		JI R	eto. C	OUNTY	OF DEATH	MD.
8	BOLL OR TOWN OF E	DEATH		HOSPITAL, NURSIN CH FACILITY, GIVE STREET NU ERSIN	ADDRESS)	LOSE THE		JAL OCCUPATION WORK FOR MOST OF WO	RKING LIFE)	126, KIND C INDUSTRY	Lome
3	USUAL RESIDENCE (IF N 130. STATE	URSING HOME OR 13b. COUN		13c, CHAY OR TOVE	N	136 INSIDE OITY LIMITS?		eet address C	ARE	y 57.	21230
0	14 FATHER'S NAME FIRST	· ·	AIDDLE	Cord		15 MOTHER'S MAIDEN N	NAME	MIDDLE		> LAS	ī
	16a WAS DECEASED EV (YES, NO OR UNKNOWN)		WED FORCES? WAR OR DATES)	212-56		Valterine	Ba	ADDRESS choff-/	403	1. Ga	rey St.
	PART I. DEATH HITH G Conditions, if o gove rise to couse (a), stc	ny, which	DUE TO, C	OR AS A CONSEQUE	IAC ENCE OF LMA	arrist y Eveni	R			31	MATERIAND DEATH O MINUSA HOUR
				ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TE	RMINAL DIS	EASE OR CONDITION	ON GIVE	7	IN PART 1(

19h. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY?

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

NOID YES [NO [

216. TIME OF INJURY 2)a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M.

211. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE

22a.1 certify that (1) (this hospital) attended the deceased from

sow the deceased alive on, and that in (my) (our) opinion death occurred on the date and haur and from the causes stated obove, (I) (we) (did) (did not) view the bady ofter death 22b. SIGNATURE DEGREE 22c. DATE SIGNED

ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

226 PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS University

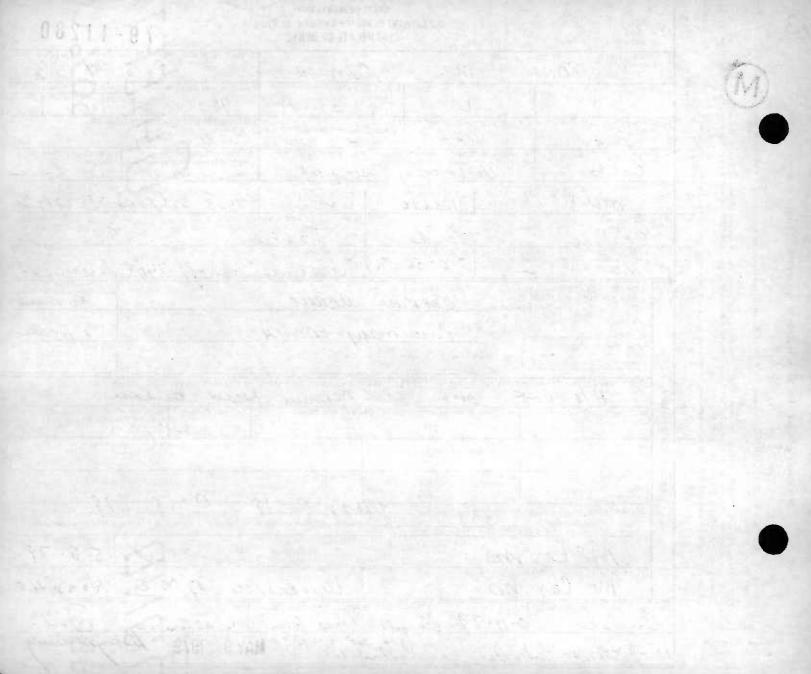
23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE 234 NAME OF CEMETERY OR CREMATORY COUNTY FUNERAL DIRECTOR

DHMH - 16 50M 7/77 (VRA 15(4))

AT WORK

CERTIFICATION

MEDICAL



Poge 4 moy be

requires that the death certificate be executed within 24 hours after

ATTENDING PHYSICIAN: The low

TO HOSPITAL

	3		FOR STATE REGISTRAR		DEPARTMENT OF	E OF MARYLAND TEALTH AND MENT FICATE OF DEAT		E REG. NO	7 9	-112	81
nge 3 death		(TYPE	OR PRINT) COLEM		A) ELEA	NOR PST		MA	YZG	79 -	7 PM
a	1	3. SE.	Female,	B/ack	S DATE O		08 1	GE IIN YEARS LAST BIRTI	YRS.	THS DAYS H	OURS MIN
100	1	C	RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT CO	HES WIDOW		ED 🗌	Baltimore city o			MD.
by the t	puliting 24	B	attimate)	11. NAME OF HOSPITAL	SIVE STREET ADDRESS)		(TYI	USUAL OCCUPATE PE OF WORK FOR MOST OF OUSE WIT	WORKING LIFE)	126. KIND OF B INDUSTRY Home	
filled in	r must be	USU.		177 1	OR TOWN	134. INSIDE CITY LI		STREET ADDRESS	- Ilam	ant "	St
ompletely ond 2 sh	exowine	14 F.A	THER'S NAME FIRST Thomas	MIDDLE	MAST / R	IS MOTHER'S MAI	ZA	MIDDLE		LAST	?
on and co	medicol		VAS DECEASED EVER IN U.S res, no or unknown) (# yes	ARMED FORCES? 166 SOC GIVE WAR OR DATES)	12 - 835	17 INFORMANT	+5	Chart.	SS		
in signed by the attending physical phy	injury, or other troumotic event,	NOI	Conditions, if ony, which gove rise to immediate to, stating the underlying couse lost	DUE TO, OR AS ACC	onsequence of LABLTES	MELLIAN			DITION GIVEN	Gang?	TE PATERVAL EET AND DEATH
hos per	uo swo	CERTIFICATION	1% DATE OF OPERATION	196. CONDITION FO	R WHICH OPERATIO		,	YES NO	IN CERTIFYIN		S USED F DEATH? NO
ng physical certificat	Hem 18	MEDICAL CE	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O	FDEATH HOUR A.M. MOI	NTH DAY YEAR		OCCURRED	(ENTER NATURE OF INJUR	Y IN ITEM 18, PART	OR PART 2)	
offer this	orked or	WED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJUR LAT HOME, STREET, FACTOR		211 LOCATION STREET	-0	CITY OF TOW	н	COUNTY	STATE
CTOR. A	n 21 45 m		sow the deceased plive	e on do not) view the body ofter deo	19770	nd that in (my) (our)	opinion deat	to	te and hour or	nd from the cou	
by the hore ERAL DIRE	D		Lobert (B. Hanero	- /		IDING M	EDICAL STAF		5/26	5/29
etoined by TO FUNER should be	E E		LOBERT	D. GARRE		Bon So	a sur	Hospita	20 200	Batte	mores
BP_		(BURIAL, CREMATION, REMO SPECIFY)	June 1,7		EMETERY OR CREM		Baltimo		UNTY	STATE
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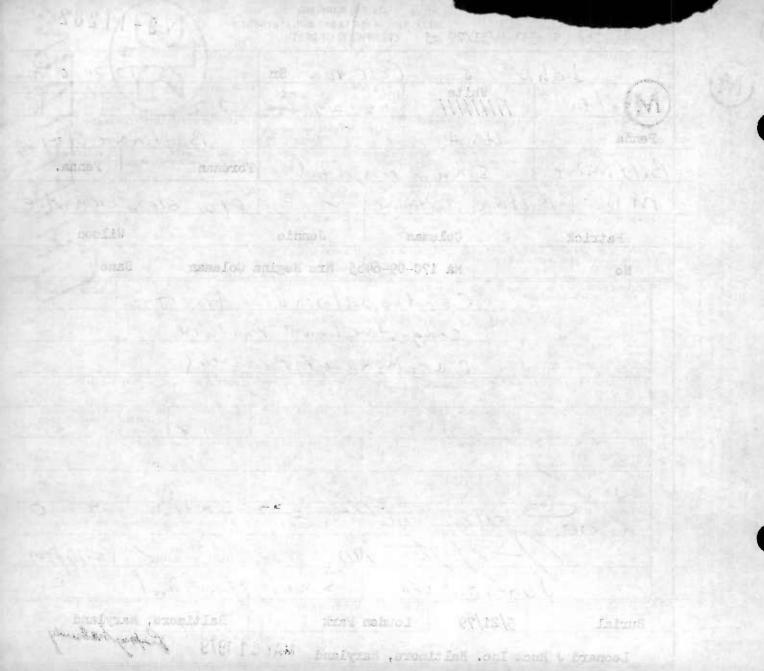
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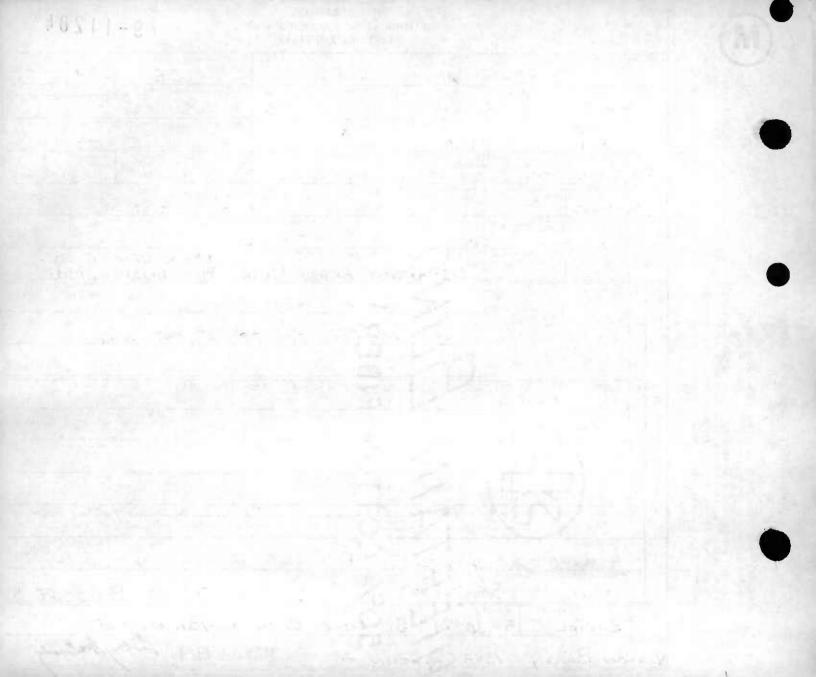
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# 160		FOR		D	EPARTM	ENT OF HEALT	H AND MENTAL	HYGIENE	70-1	1783	
4		STATE REGISTRAR		MED	ICAL EX	AMINER'S	CERTIFICATE O	OF DEATH	19-1	160	
14 4	1. DE	CEASED NAME	FIRST		WIDDLE		LAST	2a. DATE	KNOWN X MON	NTH DAY YEAR	2b. HOUR
P. W Mange	(,,,,	L ON I KRYIJ	Wi11:	ie H		C	oleman	OF DEATH	MATED	5 27 19 79	M.
A CHOR	3. SEX	4. R	ACE	5 DATE OF BIRTH		AGE (IN YEARS IF U	NDER 1 YR. IF UNDE		MON		2d HOUR
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200			-	(IF NOT IN SUCH FAC	ILITY, GIVE STREET	ET ADDRESS)	HER INSTITUTION	FOR MOST OF WO	RKING LIFE)	OR INDUST	RY
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# # # # # # # # # # # # # # # # # # #	C No	James			Colem		Winnie		28		
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N SECTION		304	MMEDIAT	DUE TO, OR			a alconor.	211 00222 00. 02	. • • • • • • • • • • • • • • • • • • •		
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8 2 3 5 2	999			(c)							
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/ 20 < BP		Burial		6-2-79	Hi	gh Rock	Ch. Cem		yville		
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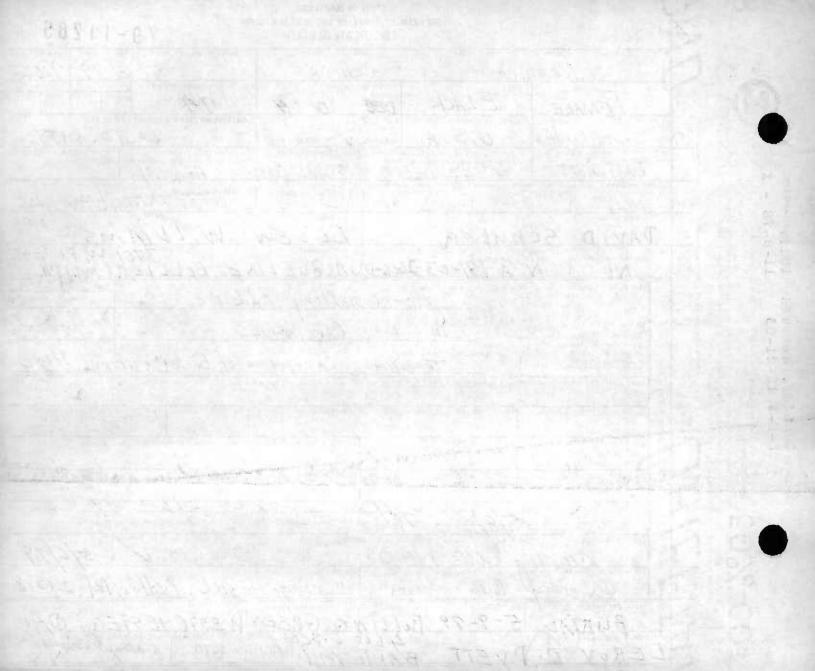
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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO MIDDLE FIRST 1. DECEASED NAME 2n DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) eather 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAW ARE EXPLORED THAT AND HAYS HOURS BALTIMORE CITY OR COUNTY OF DEATH 7n BIRTHPLACE 75 CITIZEN OF WHAT COUNTRY? COUNTRY BALTO, CITY Soll WIDOWED TO IN CITY OF TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY WE PRASTON STRBALTIMONE MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13g. STATE 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CUTY LIMITS? 13e. STREET ADDRESS NO 00 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OP ATES) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF ARCINOMA the offer Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. DIVISION OF WITALIRECORDS 201 à PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/6 0 CERTIFICATION Mental Hygiene prior 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO YES | NO IT burial-transit 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) Item 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d, INJURY OCCURRED 21f. LOCATION 21e, PLACE OF INJURY ō (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE morked NOT WHILE WHILE of Health 22a. | certify that (this haspital) attended the deceased fram DIRECTOR: saw the deceased alive an_ and that in (my) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did not) view he body after death should be detached with the State Dept. 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN IMPORTANT: 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS 0 23a. BURIAL, CREMAT 23b. DATE 23r. NAME OF CEMETERY (SPECIFY) BP. C'D. BY REGISTRAR 11 REGISTRAR" DHMH - 16 50M 7/77 (VR A 15 (4))

STATE OF MARYLAND



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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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3.		-					

	6.1	REGISTRAR				CERTIF	ICAIL OF	DEATH	REG. N	0.	J	1 4	. 0 0
1	1. DE	CEASED NAME	FIRST		MIDDLE	l l	AST		20. DATE OF DEATH		DAY	YEAR 2	h HOUR
	(TYPE	ORPRINT)	ETT	Y	L.	CO	LLIN	5	MI	1 Y	13-7	79	12 400
1	3. SE)	X		4. RACE	100-1-14-1	5. DATE O		50.00	6. AGE (IN YEARS LAST BIR	THOAY)	IF UNDER		IF UNDER 24 HR
1)		Female		Whi	te	9	29	23	55;	YR	MONTHS S.	DAYS	HOURS
6	To BI	RTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	NEVED	MARRIED	9 BALTIMORE CITY	OR COUP	NTY OF DEA	ATH	
5		Maryland		U	SA	WIDOWE		NORCED	Baltimo	re (City		
71		TY OR TOWN OF DE	ATH /	Montel	HOSPITAL, NURSING THE STREET A DELLO CON	G HOME C		TITUTION	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Housewif	OF WORKING	GLIFE) INDE	KIND OF USTRY In Ho	BUSINESS O
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20	14. FA	William		MIDOLE	Muller			s maiden nan First retta	WIDOLE		Dail	LAST 8 y	
6		VAS DECEASED EVER			166 SOCIAL SECUI	RITY NO.	17. INFORM	ANT	ADDR	ESS			
1	(4	res, no or unknown)	(IF YES, GIVE	WAR OR DATES)	217-40-0	0036	Samue	1 A. Co.	llins, Jr.	Same	as #	13	
		18 CAUSE OF DEAT	H (Enter or	ly age cause per	line for (n) (h) and	(iei							ATE INTERVAL
8.		PART I. DEATH V	VAS CAUSE	D BY:	INTTACT	DTI	000	CINOI	Un			WILKON	ISE! AND DEAT
33		1539	IMMEDIA	TE CAUSE (0)				200					
		6-10-1	1.1	DUE TO, O	R AS A CONSEQUE	NCE OF	DONA ON	A MM	sel barre	el-			
		Conditions, if ony gove rise to im-		(b)	LEIUM	103/	recory.	1 Buch	acc out				
		underlying couse		DUE TO, O	R AS A CONSEQUE	NCE OF							
			1031.	(c)							A 44		
	NO	PART 2. OTHER SIG	NIFICANTO	CONDITIONS CO	ONTRIBUTING TO D	ARC	NOT RELATE	O TO THE TERMI	NAL DISEASE OR CON	DITION	GIVEN IN P	ART 1(a)	
1	CERTIFICATION	190 DATE OF OPERA	TION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERF	DRMED	200. AUTOPSY?		YES, WERE		
L	FF			8 - 7					YES T NOTE	IN CER	RTIFYING C.	AUSES C	NO T
	ERT	210. ACCIDENT WAS UN	DERLYING [216. TIME O	F INJURY		121c. HOW II	NJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM		ART 2)	140
1		OR CONTRIBUTING	CAUSE OF DEA	HOUR A.	M. MONTH DA	Y YEAR			es (ententione of this	4			
	CA	(1F EITHER, NOTIFY MEDIC 21d. INJURY OCCUR		P.,		19	21f LOCAT	ON					
	MEDICAL			21e PLACE	REET, FACTORY, OFFICE, FA	ARM, ETC.)	STREET	ON	CITY OR TO	WN	COUN	4TY	STATE
		AT WORK	ORK						,			0	-100
	100	22a.1 certify that (1)		_	e deceased from	2 //	-/1	. 19 /8	_, to	-13	19		ot (!) (wa) !
	-	sow the deceas above, (1) (we) (ed olive on did) (did no	t) view the body	offer death.	, 01	nd that in (my) (our) opinion d	leath occurred on the d	ate and	hour and fre	om the co	ouses stated
		226. SIGNATURE				N GI	DEGREE			200	22c.	DATE SI	IGNED,
1	-3	Phise	Tina	und	NEW .			ATTENDING PHYSICIAN	MEDICAL STA			5/13	3/79
1		22d. PHYSICIAN'S N	AME (TYPE O	R PRINT	-		22e. ADDRE		J DIRECTOR CONTROL				/ /
		CHR 15	TIN	A Y	NARES	5	M	entede	els Cen	ter	,		
	230 B	BURIAL, CREMATION,	REMOVAL	23b. DATE				CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY		STATE
	,	Entomb	ment	5/16/7	79 Lc	naou	Park I	lausoleu	m Baltimo	re			Md
	24. FL	JNERAL DIRECTOR L	Jitzke	Funera	1 Home of	Cato	nsvill	8 250. DATE	REC'D. BY REGISTRAR	256. REG	ISTRAR'S S	GNATU	RE
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BP_____ DHMH - 16 50M 7/77 (VR A 15 (4))

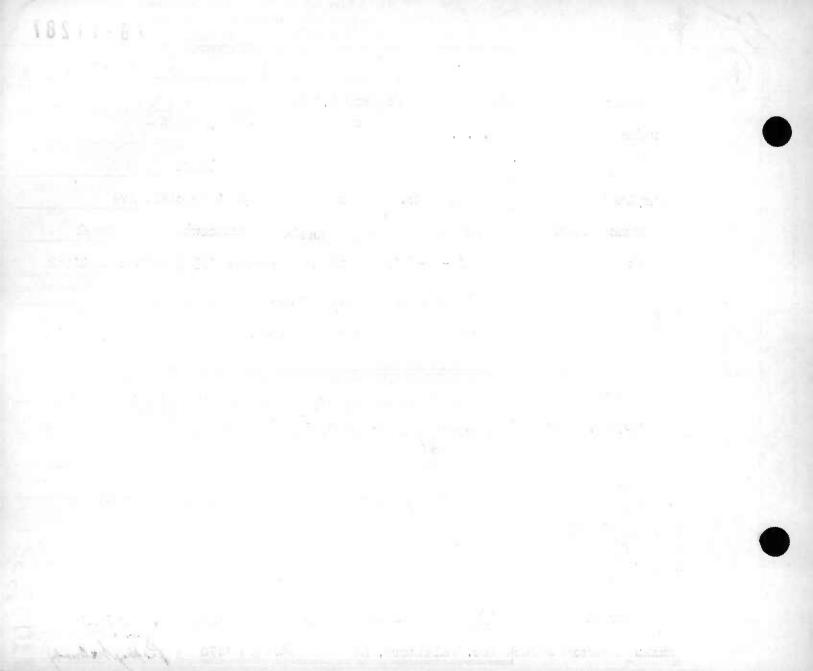
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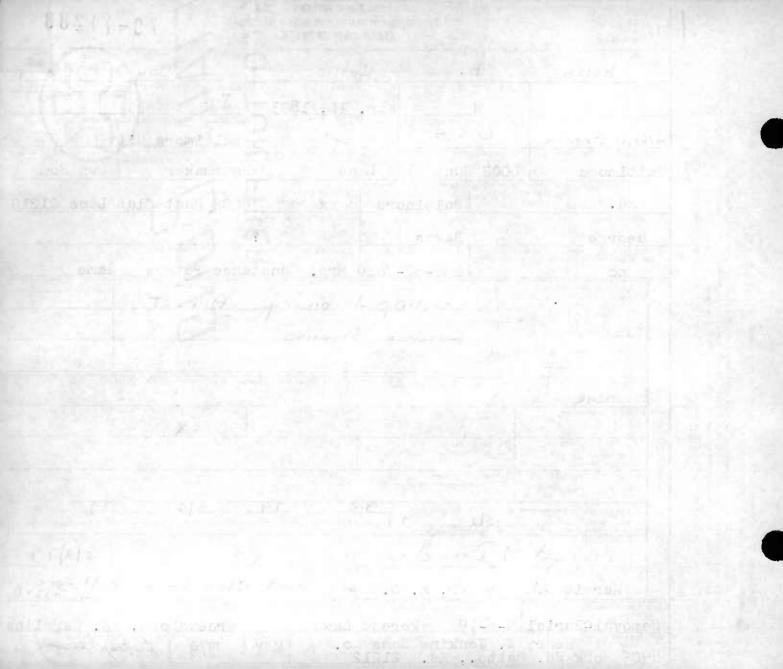
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled to should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, ar removal.

ATTENDING PHYSICIAN: The low

retained by the haspital or attending physician.

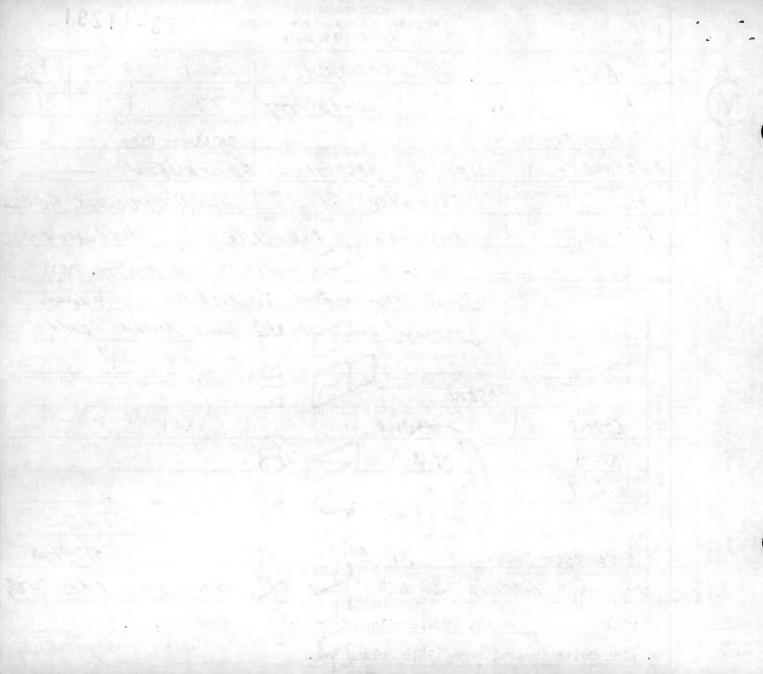
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N)		CEASED NAME FIRST WILLIAM	am EVES	CONT	TRD,	20 DATE OF DEATH	5 3		HOUR -15/PW
us ofter p	3 SE	M .	RACE W,	5. DATE O		6. AGE /IP ARS LAST BIR			UNDER ZWHRS
Unerol di	P	RTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT POU	WIDOWE		BALTIMORE CITY C	MERCOUNTY O	F DEATH	°У. мо.
by the fu		POSTIMORE	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIP)	ESTREET ADDRESS!	TAN HOSP		ON OF WORKING LIFE!	12b. KIND OF B INDUSTRY	ÚSINESS OR
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ompletely ond 2 s		Walter T		onard	15 MOTHER'S MAIDEN NA FIRST Anne	WIDDLE		Eve	s
s. Pages	160 Y	VAS DECEASED EVER IN U.S. AR (ES NO OR UNKNOWN) (IF YES, GIV (IF YES, GIV	EWAR OR DATES!	-09-35 65	Dorothy E.	Conard		amieso	
d by the attending physic ease remave carbanpape of, cremation, or remaval ir ather traumatic event, th		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA' Conditions, if ony, which gove rise to immediate couse (o), stoling the underlying couse lost.	DBY: TE CAUSE (D) DUE TO, OR AS A CON (C)	shirato	ny Dail mureae è la Lungs t	Mefastasis Borain	h	APPROXIMATE APPROX	T AND DEATH
te has been signed signed signed from the plus grene prior to buring shows any injury, o	CERTIFICATION	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTION	-		200 AUTOPSY?	20b. IF YES, V	VERE FINDINGS	USED DEATH?
this certificate his burial-transit pool Mental Hygien ad Mental Hygien d or Item 18 show	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	ATH HOUR A.M. MONT	19	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU		1 OR PART 2)	STATE
JO FONEKAL DIRECTOR: After 1 should be detached for use as the with the State Dept. of Health on IMPORTANT: If them 21 is marked	2	WHILE ATWORK NOT WHILE ATWORK 220. I certify that (I) (this hosp sow the deceased alive an obyte, (I) (we) (did) (did not some sow that we will be sown to be sown that we will be sown to	ital) attended the deceased	from, on	d that in (my) (our) opinion DEGREE M-D ATTENDING PHYSICIAN [120 ADDRESS GOD BALTO MI	deoth occurred on the did	, 19 ote and hour a	, tho	t (I) (we) lost ses stoted
0 4 ₹ <u>₹</u>	I	BURIAL, CREMATION, REMOVAL SPECERY BURIAL UNERAL DIRECTOR			emetery or crematory lonPres.CH.	23d. LOCATION CITY OR TOWN C emNewLone	don	OUNTY	state Pa.
MH-16 20M (15, 4) 7/78		assahn Funera	1 Home 7	io1 Bela	air Road	re rec'd. By registrar	The state of	R.S. WARREN	77

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STATE OF MARYLAND

	1 - STATE REGISTRAR			DEPARTA		ICATE OF	MENTAL HYG DEATH	IENE	REG. NO	79	-112	9 2
	1. DECEASED NAME	FIRST		MIDDLE	L	AST	1 2	20 DATE	OF DEATH	MONTH	DAY YEAR	26 HOUR
		Willi	am K:	irkwood	C	ONNOR			May	23 .	1979	1:25P M
	3. SEX		4 RACE		5 DATE C		YEAR	6. AGE (1	N YEARS LAST BIRT		MONTHS DAYS	IF UNDER 24 HRS
	Male		White		Feb.	19,19	27	52		YRS		
1	BIRTHPLACE (STATE (OR FOREIGN		WHAT COUNTRY?	8 MARRIEI	NEVER	MARRIED [9 BALTI	MORE CITY O	R COUNTY	Y OF DEATH	
2	Maryland		USA		WIDOWE	- Lund	NORCED		timore			MD
Ø	10 CITY OR TOWN OF	DEATH		HOSPITAL, NURSIN		OR OTHER INS	STITUTION		AL OCCUPATION OF FOR MOST OF			F BUSINESS OR
2	Baltimore	- /		and Genera		spital		A1	torne	У	Law	7
5	Maryland	13b COU	ford	BelAir	N	13d INSIDE	CITY LIMITS?	130 STRE	Sout	hamp	ton Ro	ad
1	14. FATHER'S NAME		WIDOLE	LAST		15 MOTHER	S MAIDEN NAM	ME	MIDDLE		IAS	
1	Willi	am	A. (Connor		El	leanor				Herm	al
1	160 WAS DECEASED EN		WAR OR OATEST	166 SOCIAL SECU		17 INFORM			ADDRE	-		111
1	Yes	W	WII	214-22-	9143	Mrs.	Nancy	S.	Connor	r, Be	el Air	, Md.
	18 CAUSE OF DE PART I. DEATI	WAS CAUSE		line for (a), (b), one Acute Bro.		neumon	ia				BET WEEN C	MATE INTERVAL ONSET AND DEATH
	200 Canditions, if	any, which	(Figure 1)	RAS A CONSEQUE F ibrinous	NCE OF Peri	cardit	is					
	gave rise ta couse 1a, st underlying ca	ating the	DUE TO, O	RASACONSEOUE Multiple	NCE OF Myelo	ma						
			nephros	ONTRIBUTING TO D	EATH BUT	NOT RELATE	D TO THE TERM	INAL DISE	ase or cone	DITION GIV	EN IN PART 16	3
1	Left 190 DATE OF OPE 210. ACCIDENT WAS	RATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERF	ORMED		JTOPSY?	IN CERTIF	S, WERE FINDIN	OF DEATH?
	E	INDERIVATO F	7 21b. TIME O	r INTUIDY		In House	NUIDV OCCUP	YES			S 🔀	NO 🗌
1	210. ACCIDENT WAS	_	3	M, MONTH DA	Y YEAR	ZIC HOW I	njury occure	CED (ENTER	NATURE OF INJUR	Y IN ITEM 18, F	PART OR PART 2)	

P.M

21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

211 LOCATION

CITY OR TOWN May

and that in (n) (our) opinion death occurred on the date and hour and from the causes stated

COUNTY

STATE

220. I certify that **X** (this hospital) attended the deceased from sow the deceased alive on May 23 19

NAME ITYPE OF PROOF

22e ADDRESS

ATTENDING PHYSICIAN MEDICAL STAFF DIRECTOR PHYSICIAN

22c. DATE SIGNED 5-23-79

(IF EITHER, NOTIFY MEDICAL EXAMINER)

NOT WHILE

Gary P. Posner, M.D.

c/o Maryland General Hospital

230. BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY Burial 24 FUNERAL DIRECTOR 26.1979 Darling Cemetery Darlington Harford Md

DEGREE

DHMH - 16 60M 1/75 (VRA 15 (4))

BP

this certificate has b the burial-transit per and Mental Hygiene morked or Item 18

TO FUNERAL DIRECTOR.

should be detached with the State Dept.

IMPORTANT. If Item 21 is

MEDICAL

Howard K. McComas III, Abingdon, Md.

continued designation is a second property of the second property of

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Fibricous Partcardicis

Aultible Monlowe

Less Engaronaging of the

Gety P. Posner, M.D. c/o Margiand Combral Magideal

April 16 79 Kin 23 79 g

dalcamore dies

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2b. HOUR

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

that (1) (we) last

22c. DATE SIGNED

COUNTY

UNDER I YEAR

INDUSTRY

DAYS

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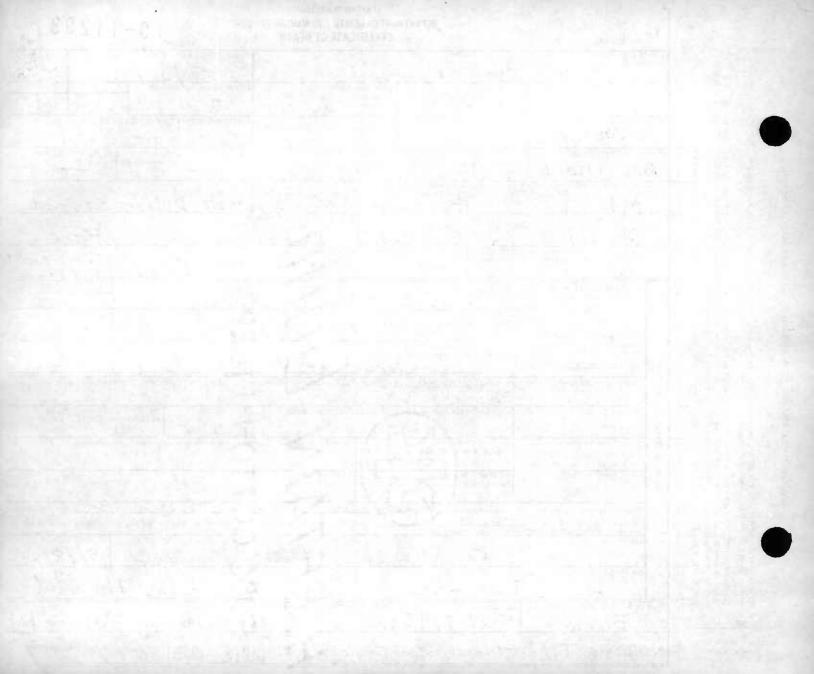
IF UNDER 24 HRS

(VR A 15 (4))

FOR

REGISTRAR

- STATE



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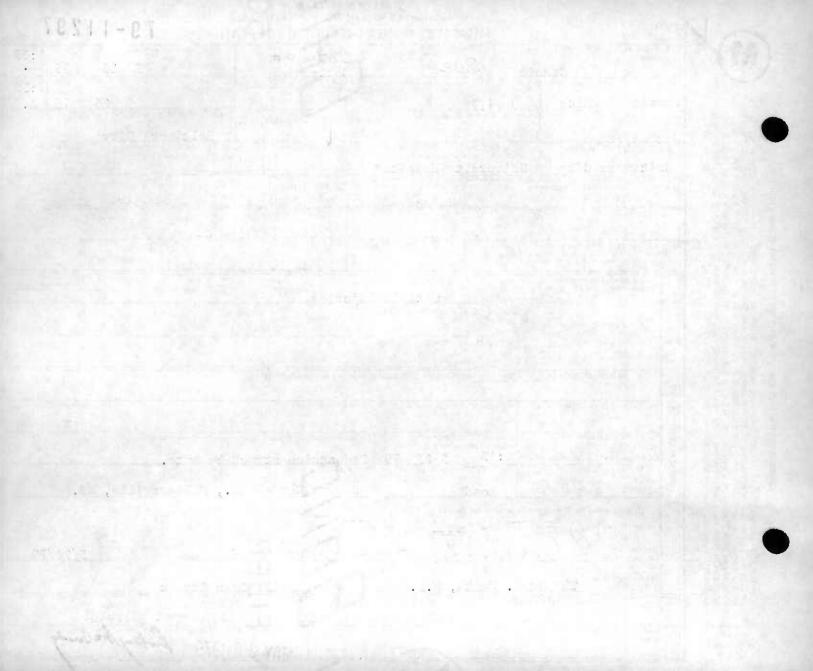
26)	1	FOR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG		
	μ.	STATE REGISTRAR	DEI ARTI	CERTIFICATE OF DEATH	REG. NO	79-11295
) [CEASED NAME FIRST	MIODIE	COSBNC	20. DATE OF DEATH	MONTH DAY YEAR 26. HOUR
ter de	3. SE	x (COSISY)	4 RACE	S DATE OF BIRTH	AGE LIN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
	7. 0	RTHPLACE (STATE OR FOREIGN	BLACK 76 CITIZEN OF WHAT COUNTRY?	071896	82	YRS.
of once	70.0	Virginiz	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	PALT	R COUNTY OF DEATH
notified	10 C	BALTO	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET UNIVERS/7)	ADDRESS) HOSPITHE	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST OF	F WORKING LIFE) INDUSTRY
r must be	USU 13a	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	N 113d. INSIDE CITY LIMITS?	130. STREET ADDRESS	RATOGAST
exomine	14. F/	THER'S NAME FIRST	ADDIE LAST	15. MOTHER'S MAIDEN NAI FIRST	1) < MIDDLE	LAST
the medicol		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIVE	med forces? 166 SOCIAL SECTION (MAR OR DATES) 215-24;	3258 Hourice C	rosby 24	104 Marbourh & Av. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ir to buriol, cremotion, or injury, or other troumotic	NOI	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUENCE ON DITIONS CONTRIBUTING TO	ENCE OF DEATH BUT NOT RELATED TO THE TERM	DAM A	DITION GIVEN IN PART 1(0)
shows ony	CERTIFICATION	190 DATE OF OPERATION NUNE		OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
fem 18	14	2] a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D	19	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART I OR PART 2)
morked or	WED	21d. INJURY OCCURRED WHILE ONT WHILE OF AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	PARM, ETC.)	CITY OR TOW	N COUNTY STATE
21 15			(a) ottended the deceased from 19	79, and that in (my) (our) opinion of	to, to	te and hour and from the causes stated
Z = E Rea			esa mo	DEGREE ATTENDING PHYSICIAN	MEDICAL STAP	
IMPORTANT		22d PHYSICIAN'S NAME (TYPE OF	3005	270 ADDRESS 22 S. G.	REENE	ST BARTO
, 5	230	BURIAL, CREMATION, REMOVAL	16 Hay 79 236	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	more Many STATE
16 20M , 4) 7/78	24 F	INERAL DIRECTOR NAME YOU'LL F	H 319 N. Se	hroeder St. MA"	Y 1 5 1979	256 RECASTRAN'S SIGNATURE

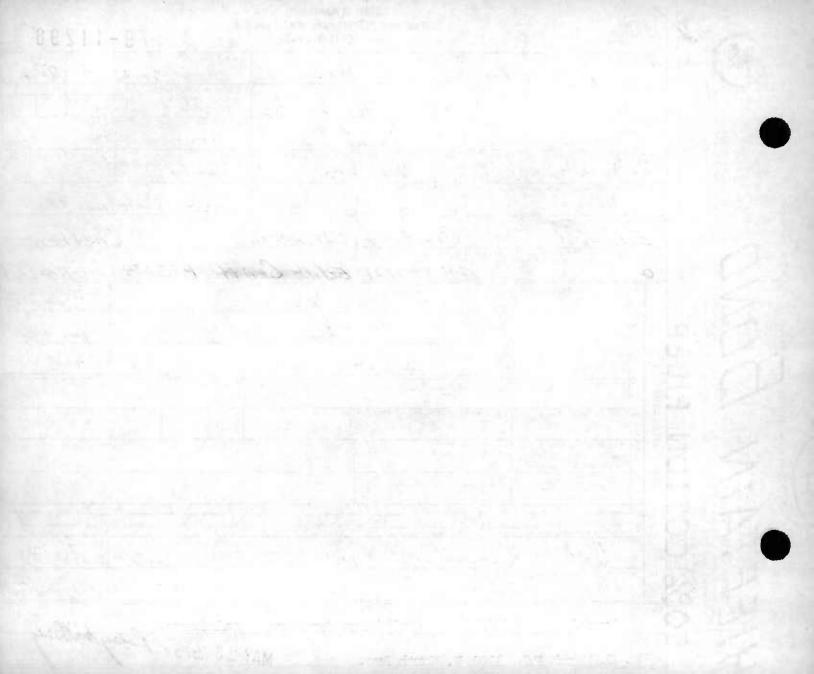
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15M 7/76

STATE OF MARYLAND

79-11296 PERSONAL REPORT OF THE RESIDENCE OF THE PROPERTY AND PERSONAL PROPERTY OF THE PERSONAL PROPERTY Vie C. Binner I'd II'll I. Boren Ave. o May I 5, 1919 Line May May I





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MPORTANT: If Item

STATE OF MARYLAND

1 - STATE REGISTRAR		FICATE OF DEATH	REG. NO.	79-11299
1. DECEASED NAME FIRST ISABELL.	A P.	CRAIG	20. DATE OF DEATH MONTH	9 79 2A
Female 4 RACE	hite S. DATE MON	OF BIRTH JAY YEAR 22 08	6. AGE (IN YEARS LAST BIRTHDAY) 71, YR	
COUNTRY)	USA B. MARRI	ED NEVER MARRIED X	BALTIMORE CITY OR COUNTY OF COUNTY O	NTY OF DEATH ITY MI
	NE OF HOSPITAL, NURSING HOME SWILL OF CILITY WHETEET APPRESS H		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	G LIFE) 126. KIND OF BUSINESS OF INDUSTRINGS. Banking
USUAL RESIDENCE (IF NURSING HOME OR OTHER INST 136 STATE 136. COUNTY Maryland	ITUTION, GIVE RESIDENCE BEFORE AOMISSION 13c. CITY OR TOWN Baltimore	13d INSIDE CITY LIMITS? YES ▼ NO □	13e. STREET ADDRESS	Spring Lane
14. FATHER'S NAME FIRST John W.	Craig	15. MOTHER'S MAIDEN NA FIRST Margery	MIDDLE	Patterson
160 WAS DECEASED EVER IN U.S. ARMED FOR (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR D.		Mrs. Arth	nur L. Flinne	
18 CAUSE OF DEATH (Enter only one co PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE	(l . a . l	seis		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 3 years
Canditions, if ony, which gove rise to immediate	TO, OR AS A CONSEQUENCE OF	Erabral at	Leros elevois	3 years

cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse ITING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)

196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20g. AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO T

YES 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21a. ACCIDENT WAS UNDERLYING

HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19

211. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

22a.1 certify that this hospital) attended the deceased from sow the deceased alive an filling gabove. (1) (we) (did) (did not) view the bady after death. and that in (my) (or) opinion death occurred on the date and hour and from the causes stated 226. SIGNATURE DEGREE 27r. DATE SIGNED

ATTENDING PHYSICIAN MEDICAL STAFF DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (MPE OR PRINT) 22e. ADDRESS

231. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE Entombment

23d LOCATION CITY OR TOWN
Pikesville

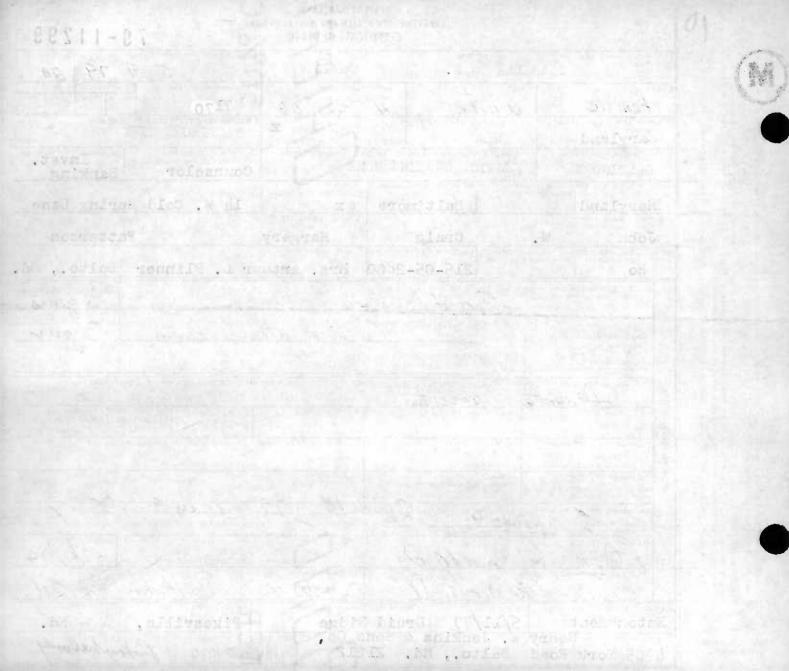
Md. 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR Henry 4905 York Road

DHMH - 16 50M 7/77 (VR A 15 (4))

Druid Ridge Balto, Md 21212

STATE



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be tilled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumotic

IMPORTANT: If them 21 is marked ar them 18 shaws any

24 FUNERAL DIRECTOR
Leonard J.

J. Ruck, Inc. 5305 Harford Rd. Balto; Md.

may be

FOR STATE STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-11300

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	3 11300
I. DECEASED NAME FIRST SARAF	PINA	CURRERI	20. DATE OF DEATH MONTH	14, 1979 26 HOUR
3 SEX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
Female	White	March 28, 1888	91 YRS	
70 BIRTHPLACE STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTR	Y? 8. MARRIED NEVER MARRIED WIDOWED X DIVORCED	Baltimore City or Coun	
Baltimore	11. NAME OF HOSPITAL, NUR.	SING HOME OR OTHER INSTITUTION EET DORESS AVENUE	12d USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HOUSEWIJE	12b. KIND OF BUSINESS OR
USUAL RESIDENCE (IF NURSING HOME OF 130, STATE 13b COU	OR OTHER INSTITUTION, GIVE RESIDENCE BEF JNTY 13c. CITY OR TO Baltim	DWN 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 3107 Glenda	Le Avenue
14 FATHER'S NAME FIRST UNKNOWN	MIDDLE Garb	o Katherine		Unknown
160. WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SE 220-44		rine Azzara 3107	Glendale Avenue
PART I. DEATH WAS CAUS	polly one couse per line for (a), (b), (ED BY: ATE CAUSE (a) DUE TO, OR AS A CONSECTION OF AS A CONSECTION	Coramoun (N)	fors	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	Hypostotic	OD ATH BUT NOT BELATED TO THE TER/	20a: AUTOPSY? 20b, IF Y IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINE)		DAY YEAR 19 21f LOCATION	YES NO REPORT NATURE OF INJURY IN ITEM 11	YES NO DB, PART 1 OR PART 2) COUNTY STATE
22a. I certify that the base saw the deceared alive a	prior attended the deceased from	, and that in (my) (aur) apinian DEGREE	, to 5-8 death accurred on the date and h	, 19 , that (I) (we) lost our and from the causes stated
22d PHYSICIAN'S DEME TYPE Sebastian Ru		22e ADDRESS 5122 Harf	MEDICAL STAFF DIRECTOR PHYSICIAN	
23a BURIAL, CREMATION, REMOVA (SRESPY)		Most Holy Redeemer	23d. LOCATION CITY OF TOWN Baltimore	COUNTY Maryland

1979

DHMH - 16 50M 1/76 (VR A 15 (4))

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the should be detached for use as the busial-transit permit. Then please remove carbompapers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal. IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumatic event, the medical examiner must be mort STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1	FOR STATE REGISTRAR	DEPA		IEALTH AND MENTAL HYG	IENE REG. N	. 79-1	1301	
	DECEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY Y	YEAR 26 HOUR	
L	ALI	CE MARIE	CYF	}		5-30-79		M
3 :	SEX	4. RACE	S. DATE (OF BIRTH H DAY YEAR	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER		4 HRS
	F	/ C	7-	28-02	76	YRS	DATS THOUSE	PAGE 4
7a.	BIRTHPLACE ISTATE OR FOREIGN COUNTRY) Canada	anada	MARRIE	DIVORCED	Baltimore City of		ATH	MD.
10	CITY OR TOWN OF DEATH Baltimore	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVES St. Agnes	TREET ADDRESS)		120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O HSWF		KIND OF BUSINESS USTRY Own home	SOR
134	Maryland	2-14		YES NO K		tory Driv	re	
2014	FATHER'S NAME FIRST	MIDDLE LAST	1	15 MOTHER'S MAIDEN NAM	WE	1	LAST	
5 160	(YES NO OR UNKNOWN) (IF YES,	ARMED FORCES? 16b SOCIALS GIVE WAR OR DATES)	SECURITY NO.	Mr. Robert	O'Donnell	5504 Heat	herwood	Rd.
NOI		DUE TO, OR AS A CONSI	EQUENCE OF	herosclerosis	inal disease or con			
CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WE	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES ₩ NO□	20b. IF YES, WERE IN CERTIFYING CA YES	FINDINGS USED AUSES OF DEATH NO	1?
400	00.000.000.000.00	DEATH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR P.	ART 2)	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TO	wn COUN	NTY STAT	TE
	sow the deceased alive	on 30 not) view the body ofter death.	19_79_,0	nd that in (our) opinion of DEGREE	MEDICAL STA	FF	, that (1) we om the couses state. DATE SIGNED	
	22d PHYSICIAN'S NAME (TY	PE OR PRINT)		PHYSICIAN 22e. ADDRESS	DIRECTOR PHYSIC	IAN 🗾	11/11	
230	BURIAL, CREMATION, REMOV	J. Hicken, M.D. (AL 23b. DAJE 79		900 S. Ca EMETERY OR CREMATORY wridge (e mete	23d LOCATION CIT DOTACY	COUNTY	and STATE	Md.
24.	FUNERAL DIRECTOR	ADDRES		25a. DATE	REC'D. BY REGISTRAR	25b. REGISTRAR'S S		
		/ // 1220 C		. 01 1	LIST TAIL		/	

DHMH - 16 50M 1/76 (VR A 15 (4))

Ambrosen Funeral Home

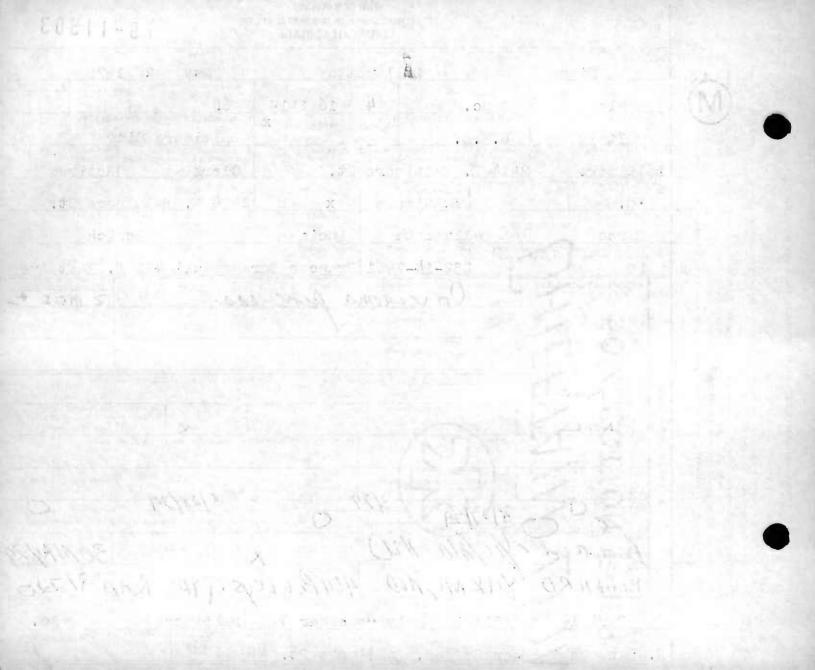
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME MICCUE 2a. DATE OF DEATH MONTH YEAR 26. HOUR (TYPE OR PRINT) Diana amotta 979 3 SEX 4 RACE 5 DATE OF BIRTH AGE (IN YEARS LAST RIPTHDAY) IF UNDER 1 YEAR IF LINDER 24 MRS VEAD Cauc. 6 919 Female To BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Baltimore talv WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Retired USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 414 timore NO Baltimore St 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE FIRST MIDDLE Marco lamotta lucia Bosich ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 32-14-7961 Frances Borzymowski 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY cinema IMMEDIATE CAUSE 10 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse 5 ple PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) DIVISION OF VITAL RECORDS, CERTIFICATION 0 None 198. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? be Hygier NOV YES T NO [sho 216. TIME OF INJURY 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH and Mental MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 20 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE NOT WHILE 22a. I certify that (1) (this hospital) attended the deceased from and that in my (our) apinion death accurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL 4 be deta e State I PHYSICIAN DIRECTOR PHYSICIAN TO Fu. 22e. ADDRESS 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY STATE (SPECIFY LOUNTY Redeemer Baltimore Buria Cem 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR 5 SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 7/73 ADORESS NAME (VR A 15 (4)) & Son 2818 E. Baltimore St



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15M 7/76

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	CEASED NAME FIRST	WIDDLE	LAST	REG. NO.	YEAR 26. HOL
(TYPE	OR PRINT) DOR	is F.	DAVISON	5/5/7	9 8:
3 SE	×	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY) / FUNDER	DAYS HOURS
	Female	White	9 14 03	75 YRS.	DAYS HOURS
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEA	ATH
_	Md.	USA	WIDOWED DIVORCED		
10. C	ITY OR TOWN OF DEATH		NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION 12b k	(IND OF BUSINE
	Delha	(IF NOT IN SUCH FACILITY, GIVE STREET		(TYPE OF WORK FOR MOST OF WORKING LIFE) INDU	JSTRY
USU.	Balto. AL RESIDENCE (IF NURSING HOME OR	N. Charles Get OTHER INSTITUTION, GIVE RESIDENCE BEFOR		-	
13a. S	STATE 136 COUN			13e. STREET ADDRESS	11
14 F /	Md	- Balto	YES NO 15. MOTHER'S MAIDEN N	1639 E. Northern F	KWY.
,	FIRST	AIDDLE LAST	FIRST	MIDDLE	LAST
	Thomas	D. Faulkne			berts
	WAS DECEASED EVER IN U.S. ARAYES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)		ADDRESS	
	No	091-01-3	3494		
	18 CAUSE OF DEATH (Enter on	ly one couse per line for (a), (b), an) BF	APPROXIMATE INTE
	PART I. DEATH WAS CAUSEI	ECAUSE (0) CARD	iOSENIC SHO	ck	
	11.				
	7/0-	DUE TO, OR AS A CONSEQUE	ENCE OF	1.0 +	
	Conditions, if ony, which	(ib)	w/6 Myo card	a/ infarction	
	gove rise to immediate	(b)		al infarction	
	gove rise to immediate couse (a), stating the	Due to, or as a consequi		al infarction	
	gove rise to immediate	DUE TO, OR AS A CONSEQUE		a) infanction	
	gave rise to immediate cause (a), stating the underlying cause last.	(c)	ENCE OF	RMINAL DISEASE OR CONDITION GIVEN IN PA	ART 1(p)
NO	gave rise to immediate cause (a), stating the underlying cause last.	(c)	ENCE OF	RMINAL DISEASE OR CONDITION GIVEN IN PA	ART 1(0)
ATION	gave rise to immediate cause (a), stating the underlying cause last.	(c) CONDITIONS CONTRIBUTING TO I	ENCE OF	20g AUTOPSY? 20b. IF YES, WERE	FINDINGS USE
IFICATION	gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT C	(c) CONDITIONS CONTRIBUTING TO I	ence of <u>Death</u> but not related to the ter	200 AUTOPSY? 206. IF YES, WERE IN CERTIFYING CA	FINDINGS USEL AUSES OF DEAT
ERTIFICATION	gove rise to immediate cause (a), stating the underlying cause last. PART 2, OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO 1	ENCE OF DEATH BUT NOT RELATED TO THE TER OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES, WERE IN CERTIFYING C. YES NO YES YES YES	FINDINGS USEL AUSES OF DEAT NO
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	gove rise to immediate couse in stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CO 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify that (1) (this mospit saw the deceased afive an obove. If (we) (idea) (idea) in	ONDITIONS CONTRIBUTING TO I 19b. CONDITION FOR WHICH 19b. CONDITION FOR WHICH 11b. TIME OF INJURY HOUR A.M. MONTH D. P.M. 21c. PLACE-OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FOR INDIVIDUAL CONTRIBUTION OF INDIVIDUAL CONTRIBUTION	DEATH BUT NOT RELATED TO THE TER OPERATION WAS PERFORMED AY YEAR 19 711 LOCATION FARM, ETC. 1 OPERATION DEGREE	200 AUTOPSY? 200 IF YES, WERE IN CERTIFYING C. YES NO YES TO YE	FINDINGS USEI AUSES OF DEAT NO [ART 2) ATY ST That (1) (1) The couses steel
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WEDICAL WEDICAL	gove rise to immediate cause (10), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CO 199. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED AT WORK AT WORK 220.1 certify that (1) (this hospit saw the deceased alive on obove of (we) (did) (did not 22b. SIGNATURE) 22d. PHYSICIAN'S NAME (TYPE OR 22b. SIGNATURE)	ONDITIONS CONTRIBUTING TO I 19b CONDITION FOR WHICH 19b CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH D. P.M. 21c. PLACE-OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	DEATH BUT NOT RELATED TO THE TER OPERATION WAS PERFORMED AY YEAR THE HOW INJURY OCCU AT THE TOTAL OF THE TER OPERATION DEGREE ATTENDING PHYSICIAN 22e. ADDRESS	200 AUTOPSY? 200 IF YES, WERE IN CERTIFYING CY YES NO YES YES OF	FINDINGS USEI AUSES OF DEAT NO [ART 2) ATY S1 That (1) (1) The couses steel
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DHMH - 16 50M 1/76 (VR A 15 (4))

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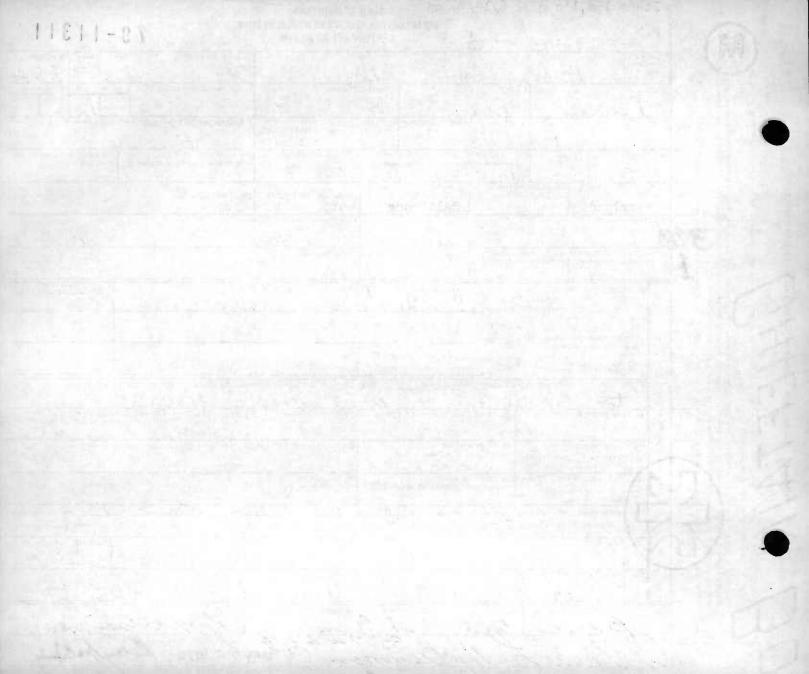
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicinn and should be detached for use as the buriol-transit permit. Then please remove carbon popert. Pagen with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remayal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be retoined by the hospital or attending physicion.

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1	-	I	tems 13a,13c g532 6/19/79 gj state of Maryland	
	James .		1	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 70-1131	1
				STATE REGISTRAR REGISTRAR REGINO. 19-1131	
			1. DE	CEASED NAME IN MIDDLE LAST 29. DATE OF DEATH MONTH DAY YEAR 20. HO	UR
	mex.		(TYPE	ORPRINT) Rohy Find Divis 5 /28/79/1:3	511
	pog er dec		2 05	Daby Oll Polls	ER 24 HRS
	4 m lor, p	1	3. SE:	MONTH DAY YEAR	MIN.
	Poge directs hours o			Female Black 5 16 79 YRS 1/21	
		es.		RTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED NEVER MARRIED 19 BALTIMORE CITY OR COUNTY OF DEATH	
	n Zu	055	. /	Maryland U.S. WIDOWED DIVORCED D Battimore	MD.
		b	10. C	ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS), (120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY	NESS OR
_	4- 4- 74	3	6	Balt more United Market Modern	
20	hours o f in by be filed	pe n	USU	AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	
0 2	filled fould b	35	130. 5	STATE 138. COUNTY 134. CITY OR TOWN 134. INSIDE CITY LIMITS? 136. STREET ADDRESS	
N N	tely fill 2 shou	E .		Maryland Baltimore YES NO STATES'S NAME	
RYL	3 0 7 0	-	14. 17	THER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST - FIRST MIDDLE LAST - FIRST MIDDLE	
WW	comp l and	5/1	0	E, Havis Jr. Sharon LOVIS)
E,	d co	ico		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS YES, NO OR UNKNOWN) { IF YES, GIVE WAR OR DATES}	
Q W	n ond o	1 medico		(i Ey, ore manufaction)	
Ę	cio ers.	‡		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).) Prematurity, APPROXIMATE INITIAL	TERVAL ND DEATH
8	certificate ing physic rbonpoper	ent,		PART I. DEATH WAS CAUSED BY:	
ST	ng p	0		TO TORCE IMMEDIATE CAUSE (a) CONTROL OF CONT	
PRESTON	4 000	roumotic		DUE TO, OR AS A CONSEQUENCE OF	
ES	the death the ottendi remove cor emotion, or	roor		Conditions, if ony, which (b) (b)	
				couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF	
3	thot d by leose iol, cr	r other		underlying cause last.	
9		ν, ο		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
DIVISION OF VITAL RECORDS,	en signe Then pl	njory	CERTIFICATION	Refrematurity: Hyalane Membrane disease,	
Ö	U	ony	F	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200. IF YES, WERE FINDINGS US	SED
or m			문	IN CERTIFYING CAUSES OF DE. YES NO NO	
TAI		shows 7	E	216. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)	
2	SICIAN: Ti of physici certificate riol-transi ental Hygis	2 C		OR CONTRIBUTING TO CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR	
0	SICIAN ing ph certific uriol-tr Nentol t	Hea	5 5	(IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19	
<u>o</u>	PHYSICI rending this cert the buriol and Ments	ō	MEDICAL	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN COUNTY	STATE
Ξ	Ste of	morked	2	WHILE NOT WHILE AT WORK	
٥	Se A o	8		220.1 certify that (1) (this haspital) attended the deceased from May 16, 19, 79, to May 28, 19, 19, that (1)). (we) last
	hospitol hospitol IRECTOR hed for u	.50		saw the deceased alive an May 28 19 79, and that in (my) (aur) opinion death accurred an the date and haur and from the causes	stated
		hem 2		above, (1) (we) (did) (did nat) view the Bady after death. 22c. DATE SIGNATURE 22c. DATE SIGNE	D
	0 0 0 00	if h	10	ATTENDING MEDICAL STAFF	29
	HOSPITAL ned by th FUNERAL Jid be deto		1	KI CUMUMUNA TILO, PHYSICIAN DIRECTOR PHYSICIAN DISTANCE	//
	d b	ITA		22d. PHYSICIAN'S NAME (TYPE ORPRINT)	1
		MPORTANT		M. Cumminas Mill. Univ. of Mid. HOSPITO	
	01 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3	23a.	BURIAL, CREMATION, REMOVAL 236 DATE 231. NAME OF CEMETERY OR CREMATORY 234. LOCATION	STATE
2000	BP		100	all some 1 5.30 St Manes 1 Kondale State Contractions	288
			74.9	ONE AND IRECTION 1 2507 OU NO DECIDE REC'D, BY REGISTRAR 156. REGISTRAR'S GIONATURE	
	DHMH - 16 25M (VR A 15 (4)		1/	100 This I I William 19 91 AV 9 0 1070 histony free in	ely
	(-4, -13 (4)	, ,,,,	1/1	ALAMAN II III CUMMINTO MIAIC MIAIC	1



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IMPORTANT: If them 21 is morked or them 18 shows ony

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

79-11312

3	REG	GISTRAR			EKITICATE	DEATH		REG. NO.		32.00	2.3	
	1. DECEASE (TYPE OR PRI		/ E		DAN	13	20 DATE OF C	DEATH MON	-27-	YEAR 19	26. HOUF	25 M
ı	3 SEX		4. RACE	5.	DATE OF BIRTH		6. AGE (IN YEA	RS LAST BIRTHDAY		ER 1 YEAR	IF UNDER 2	24 HRS
		male	Balck	4475	Manfin 2	7 0 ^{YEAR}	1/	80	YRS.	DAYS	HOURS	MIN
	7a. BIRTHPL COUNTRY	LACE ISTATE OR FOREIGN	76 CITIZEN OF WHA	AT COUNTRY? 8	MARRIED NE	ER MARRIED	9 BALTIMOR	E CITY OR CO	DUNTY OF DE	ATH		
7	10 01711 00	S.C.	USA	w	IDOWED 🔀	DIVORCED		timore				MD.
1		R TOWN OF DEATH		ILITY, GIVE STREET ADDI	RESS)		120 USUAL OF	CCUPATION OR MOST OF WOR		. KIND O DUSTRY	F BUSINE	SS OR
4		lto.	Baltimo			tal	<u> </u>					
2	130 STATE	SIDENCE (IF NURSING HOME OF 13b. COUP	NTY 13c	residence before addictive or town		DE CITY LIMITS?	13e. STREET AL	odress enkert	. Ave.			
	14 FATHER		MIDOLE	LAST	15 MOTI	HER'S MAIDEN NA	ME	WIODLE	18.47	LAS	T	
Ö	Th	omas	Ca	in		Unkn				LAU		
1		DECEASED EVER IN U.S. AR	MED FORCES? 166	SOCIAL SECURITY	Y NO. 17 INFO	RMANT		ADDRESS				
		lo		13-20-1	1733 A	braham I	Davis	263 5	Sterli	ing	St.	
Company of the Compan	gov cou und	nditions, if any, which we rise to immediate use (a), stating the derlying couse lost. T 2. OTHER SIGNIFICANT (COURT OF OPERATION)	(c)CONDITIONS CONTI	a consequenc	<u>TH</u> BUT NOT RE LA		LINAL DISEASE		ON GIVEN IN	- 107	3(5)	18
1	CERTIFICATION 510° 510°	DATE OF OFERATION	178. CONDITION	TOR WINCITOS	ERATION WAST	IN ORMED		NO []	CERTIFYING (H?
	WHI AT WO	ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE- ITHER, NOTIFY MEDICAL EXAMINER) IN JURY OCCURRED ORK AT WORK Lettify that (1) (this haspi	P.M. 21e PLACE OF IN (AT HOME, STREET, F	MONTH DAY NJURY ACTORY, OFFICE, FARM	YEAR 19 211. LOC	ATION REET	13	IRE OF INJURY IN I		уптү	STA	
		sow the deceased alive on above, (1) (we) (did) (did no SIGNATURE	5 -2/	7- 19-1	9 ond that in DEGREE	ATTENDING ATTENDING	MEDICAL	on the date o	27	rom the		-19
	22d. 9	PHYSICIAN'S NAME (TYPE O	DR PRINT)	118	22e. ADI	ORESS		0		0.		10
		SOON CHU			B		e Coun		enera	KH	05/10	tal
	(SPECIFY	il, cremation, removal i rial	6/2/79			or crewope Eternal	1 23d. LOCAT	stmini	ister,	Md	STA	TE .
	24 FUNER	AL DIRECTOR				250. DAT	E REC'D. BY RE				URE	1307
	Wm		H 110	1 E. No	orth Ave	P. MAY	3 1 197	9 2	Eighy	ses.	mody	3.7

DHMH-16 50M 7/77 (VR A 15 (4))

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	and the			
Charle (262 Specific St.	sicilarda (c	51-01-311		
		- GOV 3-2		

STATE OF MARYLAND		
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-11313

	REGISTRAR		CERTIFIC	AIE UP DEATH	REG. N	0.	
{TYPE	ECEASED NAME ETHE	L M	DA	VIS	26. DATE OF DEATH	5-27	3-79 12
3 SE	Female	RACE	5. DATE OF	BIRTH DAY YEAR YEAR	AGE (IN YEARS LAST BIR	YRS.	
C	5: ('	CITIZEN OF WHAT COUNTRY	MARRIED WIDOWED		9 BALTIMORE CITY O	Ty	
7	BAITIMORE	1. NAME OF HOSPITAL, NURS	TON 1	Med Center	128 USUAL OCCUPAT (TYPE OF WORK FOR MOST C		12h. KIND OF BUSIN INDUSTRY
130 5	AL RESIDENCE (IF NURSING HOME OR O STATE 13b. COUNT Ci7		WN 1	BILLINSIDE CITY LIMITS? YES AND MOTHER'S MAIDEN NA		Thedi	kal 57
	HENRY ME	GRANT LAST		Ella	GRI ADDRI	ANT	LAST
	WAS DECE (SED EVER IN U.S. ARM (YES, NO ORUNKNOWN) (IF YES, GIVE W		URITY NO.	Lylbunn I		7 CATH	APPROXIMATE INT
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQ	UENCE OF	OF LEG	i c c R		3 DAYS
NOI	PART 2 OTHER SIGNIFICANT CO CONGESTIVE	ENDITIONS CONTRIBUTING TO	DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE OR CON	RAL IN	IN PART 1(a)
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC			200 AUTOPSY?	IN CERTIFYIN	
MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	DAY YEAR	THE LOCATION STREET	ED (ENTER NATURE OF INJUI		OR PART 2)
	220 I certify that (I) this hospito	1-1-2-1	-76	that in(my) (our) opinion of	deoth occurred on the de) 19. ote and hour or	79, that (1) and from the couses s
	saw the deceosed of above, (I) (we) (did) (did not))	view the body after death.					
	saw the deceosed of above, (I) (we) (did) (did not) 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE OR P	als, no	DE	GREE ATTENDING PHYSICIAN 220 ADDRESS			221. DATE SIGNED

retained by the hospital

DHMH-16 20M (VRA 15, 4) 7/78

24 FUNERAL DIRECTOR

FOR

- STATE

completely filled in by the funeral d 1 and 2 should be filed within 72 ha

been signed by the attending physicion and c mit. Then please remove corbanpapers. Pages

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physici should be detached for use as the buriol-transit permit. Then please remove carbonipapes with the State Dept of Health and Mental Hygiene prior to burial, cremotion, or removal

1300 EUTAW P

250 DATEREC D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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director, hours aft

medical examiner must be natified at ance.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the funeral direct should be detached for use as the burial-stransit permit. Then please remove carbanpapers. Pages 1 and 2 should be filled within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, ar other traumatic event, the

IMPORTANT: If them 21 is marked ar Item 18 shaws any i

24. FUNERAL DIRECTOR
William E

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-11314

1979

		REGISTRAR				CERTIFIC	CAILOI	DEATH	RE	G. NO.		
		CEASED NAME	FIRST		MIDDLE	L	ST		20 DATE OF DEA	TH MONTH	DAY YEAR	2h HOUR
		Ker	ry	St	ewert	Davi	8		E L	May 25	1979	10:35 PM
	3. SEX			4 RACE		5 DATE O		VEAR	6 AGE (IN YEARS LA		IF UNDER I YEAR	
H		Male		Canear	sian	Teb Th	23	1920	59	YRS.	MOISTES DATS	HOURS MIN
1	7a. BI	RTHPLACE STATE OR FO	OREIGN		WHAT COUNTRY?	B	₩ NEVE	R MARRIED	9 BALTIMORE C	ITY OR COUNTY	OF DEATH	
5		U.S.A.			5.A.	WIDOWE		DIVORCED [Baltin	ere Cit	7	MD.
	10 CI	ITY OR TOWN OF DEA	HTH		HOSPITAL, NURSIN		R OTHER IN	ISTITUTION	120 USUAL OCC	UPATION MOST OF WORKING LIF		OF BUSINESS OR
S	1	Baltimore (City	U.S. PI	iblie Hea	1th He	spits	ı	Retired	US Arm	y US A	Army
	USUA 13a. S	AL RESIDENCE (IF NURS	136 COUT	OTHER INSTITUTION	GIVE RESIDENCE BEFORE		13d INSIDE	CITY LIMITS?	13e, STREET ADDE	RESS		
Š	N	laryland	Bal	timere	Beltimo		YES	NO 🗌	4839 Be	wland A	re Balt	to MD 06
8	14 FA	ATHER'S NAME	U.V.	MIDDLE	LAST		15 MOTHE	R'S MAIDEN NA.		OLE		4.5.7
O		Charles			Bavis			lice	MIL	, DEE	Kurt	tz
	16a V	VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFOR	TVANT	F	DDRESS		
	,	Yes	(100,011	on Daire	176 10 9	583	U.S.	Public	Health 3	3100 Wymu	an Park	c Dr.
Н		18 CAUSE OF DEAT	H (Enter ar	ily ane cause per	line far to , /b , and	dic					BETWEEN	XIMATE INTERVAL
4		PART I. DEATH W	AS CAUSE	D BY	CARDIOP		RY AR	REST				MINUTES
		411	IMMEDIA						100			
9		Conditions, if any,	which	DUE TO, O	VENTRIC		T BRTT	J.ATTON			2 min	mted
		gave rise to imm	nediote) 10)_								
		underlying cause		DUE TO, O	MYOCARD		TRABCT	TON			9 day	72
		PART 2 OTHER SIGN	VIFICANT (CONDITIONS CO					AINAL DISEASE OR	CONDITION GIV	EN IN PART 1	(a)
4	Z			1000	yocardial							-
\dashv	CERTIFICATION	19a DATE OF OPERA		19b. COND	ITION FOR WHICH	OPERATION	WAS PERI	FORMED	20a AUTOPSY	20b IF YES	, WERE FIND	INGS USED
>	FI	Net App.	14 anh	10	let appli	alde			YES T NO		YING CAUSES	S OF DEATH?
\exists	ERI	21a. ACCIDENT WAS UND				CUNTO	21c. HOW	INJURY OCCUR	RED (ENTER NATURE C			110
		OR CONTRIBUTING			M. MONTH DA			Applie				
	MEDICAL	(IF EITHER, NOTIFY MEDIC.		21e. PLACE		19	211 1OCA		gnta			
	ME	WHILE TO NOT WE	HILE	(AT HOME, STI	REET, FACTORY, OFFICE, F		STRE	ET		ORTOWN	COUNTY	STATE
1					Applicab		1/79	Not App				
		22a.1 certify that (1) saw the decease	this haspi	5/2				, 19	death accurred an			, that (I) (we) last
		obave, (I) (we) (c 22b. SIGNATURE	did) jair, no	t view the bady	ofter death.		EGREE	y ((00) 0 p m o n	deam decorred an	The dore ond noo		
		228. SIGNATURE	111	11/00-	110	L		ATTENDING	MEDICAL	STAFF		E SIGNED
		224 BLIVE IC LANGE	40		MO,		MD.	PHYSICIAN [DIRECTOR P		5/2	26/79
		22d. PHYSICIAN'S	/				22e ADDR					
		Frank C.			Note that the				Health He) Wymar	a Pk. Dr.
	15	BURIAL, CREMATION,	REMOVAL					RCREMATORY	23d. LOCATION	7 2	COUNTY	STATE
	Bu	irial		May 2	9,79 C	lear	Ride	e	Clae	r Ridge	Pa.	

Johnson 8521 Loch Raven Blw AY 31 19

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(VR A 15 (4))

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral distracted for use as the busial-transit permit. Then please remove carbompapers. Pages 1 and 2 should be filled within 72 has with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

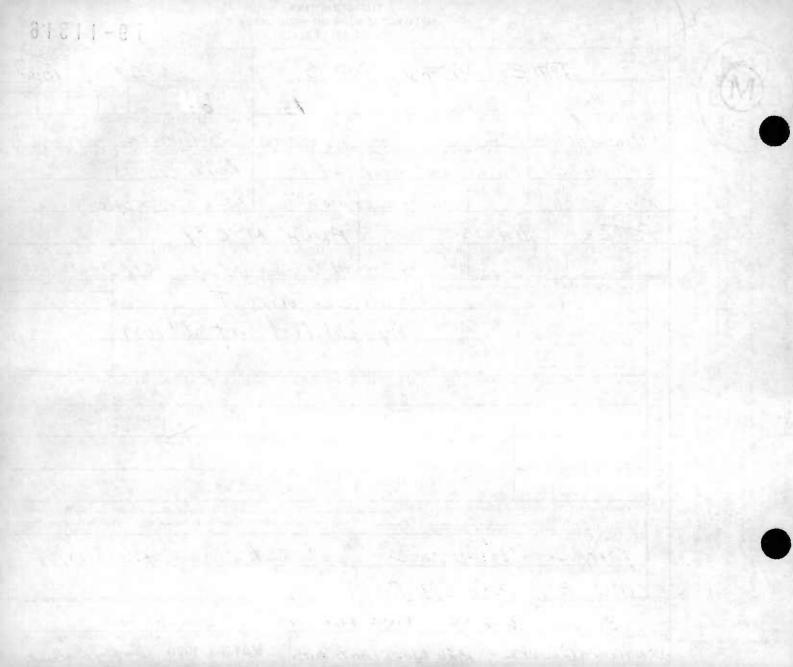
1	- STATE REGISTRAR	DET AF	CERTIF	ICATE OF DEATH	REG. NO	79-1	1315
	DECEASED NAME FIRST YPE OR PRINT)	WIDDLE	1	AST	20. DATE OF DEATH	MONTH DAY	YEAR 26. HOUR
	IRA	<		JAVIS	-	5 4	79 135 AM
3 :	SEX	4 RACE	S. DATE C		6. AGE (IN YEARS LAST BIRT	HDAY) IF UND	DER I YEAR IF UNDER 24 HRS
	MAIR	Cancasian	10	20 17	61	YRS.	
70	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTR	Y? B. MARRIE	D NEVER MARRIED	BALTIMORE CITY O	R COUNTY OF D	EAIH
85	W. V.RgiNA	USA	WIDOWE		baco.		MD.
200	CITY OR TOWN OF DIATH	11. NAME OF HOSPITAL, NUR:		OR OTHER INSTITUTION	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O	F WO KENDLIFE IN	KIND OF JUSINESS OR
	BALTIMIRE SUAL RESIDENCE (15 NURSING HOME)	Mercy OR OTHER INSTITUTION, GIVE RESIDENCE BEI	EORE ADMISSIONS		Retires		sales. (Ity
130	o. STATE	INTY 13c. CITY OR TO		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	Lianet	WAY 21205
14	FATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NA		7.5	LAST
300	ames	Day	ris	Annie	Rae		whitaker
160	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SE	CURITY NO.	17 INFORMANT	ADDRE	SS	
1	(YES, NO OR UNKNOWN) (IF YES, GI	231-05	-5336	Mrs. Virgie	F. Davis -1	1002 High	
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per line for (o), (b),	ond icil				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		ATE CAUSE (0) Fulmi	Nant_	panceeatiti	5		2 lays
	1303-	DUE TO, OR AS A CONSEC	DUENCE OF	1 ,	A. 1	\	> 0
	Conditions, if ony, which gove rise to immediate	(b) Hypo	volchia	allest /	ardis-pulmo	NaRY	- days
	couse (0), stating the underlying couse lost	DUE TO, OR AS A CONSEC	V.	01 1 . 0.	0		
		(IC) PERIO		HICOhol At	PUSC		X years
Z		CONDITIONS CONTRIBUTING T	O DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	OITION GIVEN IN	PARI I(o
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATIO	N WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WER	RE FINDINGS USED CAUSES OF DEATH?
					YES NO	YES 🗍	NO 🔀
		21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 O	R PART 2)
N S	(IF EITHER, NOTIFY MEDICAL EXAMINE	R) P.M.	19		Market 1		
MEDICAL	21d. INJURY OCCURRED WHILE OF NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	CE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOW	in co	DUNTY STATE
	sow the deceased alive a	pital) attended the deceased from	/	nd that in (my) (our) opinion of	to May	ote and hour and	from the couses stated
	22b. SIGNATURE	or view the body offer death.		DEGREE		17	22c. DATE SIGNED
	10-	N. X	/ M	ATTENDING PHYSICIAN	MEDICAL STAF		5/4/79
T	220. PHYSICIAN'S NAME (TYPE	<u> </u>	0	22e. ADDRESS	16 11.5	· - '+	il atal
23	BURIAL GREMATION REMOVA	LIZANEY	3 NAME OF C	EMETERY OR CREMATORY	123d LOCATION	JOESI 1.	TOSPITH
130	BURIAL SREMATION, REMOVA (SPECIFY) BURIAL	5-7-79	yarden	emetery or crematory en	L CITY OBalto	. M. COUNT	TY STATE
24.	EUNERAL DIRECTOR			25a. D.A.I.	EREC'D BY REGISTRAR	256. REETSTRARS	supramental
	John C. Miller	Inc-6415 Betain	Rd, -21	206 M	A10 19/9	/	

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME MIDDLE 20 DATE OF DEATH YEAR 26 HOUR (TYPE OR PRINT) 3 SEX 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) DATE OF BIRTH PALE To. BIRTHPLACE ISTATE OF FOREIGN WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH CQUNTRY MARRIED NEVER MARRIED BAITIMORE AROLINA WIDOWED DIVORCED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 176 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY MARYLAND 2120 old be USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13b COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS · muze 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST puo 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) BETWEEN ONSET AND PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE PRESTON AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 DIVISION OF VITAL RECORDS, CERTIFICATION 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a. AUTOPSY? peri IN CERTIFYING CAUSES OF DEATH? Hygier NOI 71a. ACCIDENT WAS UNDERLYING 716. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH YEAR MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 ŏ 21d INJURY OCCURRED 21f. LOCATION 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY NOT WHILE STATE AT WORK AT WORK 220.1 certify that (1) (this haspital) attended the deceased from_ sow the deceosed olive on_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body ofter death. 22b. SIGNATURE DEGREE 22c. DATE SIGNED + ATTENDING MEDICAL STAFF be deto e Stote [FUNERAL DIRECTOR | PHYSICIAN MPORTANT: PHYSICIAN PHYSICIAN'S NAME (TYPE OR PRINT 22e. ADDRESS should be with the 230. BURIAL, CREMATION, REMOVAL 73h DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPECIFY) STATE CITY OR TOWN KING MEM. BALTO URIAL 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 50M 1/76 (VR A 15 (4)) DONALD E. GLOVER 1526 MORELAND AUE



ADDRESS

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-11317

REG. NO

Items 21a. -21f. & 22a.

1 - STATE Film#G533 7-12-79

DHMH - 16 50M 1/76

(VR A 15 (4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NATATE LAST 2s DATE OF DEATH 26. HOUR (TYPE OR PRINT RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS asian BIRTHPLACE ISTATE OR A OREIGN 76. CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED COUNTRY WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION
(IF NOT IN SUCH FACILITY CAVE STREET ANDRESS) 18 CITY OR TOWN OF DEATH 126 USUAL OCCUPATION
(TOPE OF WORK FOR MOST OF WORKING LIFE) 126. KIND OF BUSINESS OR INDUSTRY More USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS pino YES X NO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE 17 INFORMANT ADDRESS WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (ES, NO OR UNKNOWN) (IF, YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per int for to), (b), and (c)
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCEDO Conditions, if ony, which gove rise to immediate cause (a), stating the ONSEQUENCE OF DUE TO, OR AS A underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REMATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION Maccapill 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 19a, DATE OF OPERATION 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED à IN CERTIFYING CAUSES OF DEATH? YES [NON YES [7] NO [Mental Hygi 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Hem MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M PHYSK 21d. INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY ö (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE morked NOT WHILE WHILE AT WORK AT WORK Kin 220.1 certify that (1) (this haspital) attended the deceased fram, that (1) (we) last nay saw the deceased alive on. above (1) (we) (old) (did,not) view the body after death. 226 SIGNATURE 22c. DATE SIGNED ATTENDING MEDICAL STAFF should be detained with the State D une la PHYSIC IAN DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (SUPE OR PRINT) 22e. ADDRESS AWO 23m BURIAL, CREMATION, REMOVAL 23b. DATE 234 NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPECIFY) 24 FUNERAL DIRECTOR BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH-16 20M (VRA 15, 4) 7/7B

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1. DECEASED NAM	AE FIRST	MIDDLE		LAST	20.	DATE KNOWN (MONTH	DAY YEAR	2b. HOUR
(TYPE OR PRINT)	James			Delisle		OF ESTI-		13 1979	M
3. SEX Male	4. RACE S	DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS IF LAST BIRTHDAY) M 84 YRS.	UNDER 1 YR. IF UN		DATE ONOUNCED DEAD	MONTH 5	13 1979	7:40 M
70. BIRTHPLACE (FOREIGN COUNTRY)	STATE OR	76 CITIZEN OF WHAT COUN	M	ARRIED NEVER M	ARRIED . 9.	Baltimore City o	_		MD
Baltimor	e City	II. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S Church Home	Hospita			OCCUPATION (TYR ST OF WORKING LIFE)	PE OF WORK	OR INDUST	JSINESS
USUAL RESIDENCE 130. STATE Md.	E (IF IN NURSING HOME OR (OTHER INSTITUTION, GIVE RESIDENCE	OR TOWN	13d. INSIDE CITY LIMI	- 40	ADDRESS 1 S. Cent	ral A	ve.	
14. FATHER'S NAM	NE .	WIDDLE	LAST	15. MOTHER'S M	AIDEN NAME	WIDDLE		LAST	
160. WAS DECEASI (YES, NO, OR UNKN	ED EVER IN U.S. ARMI		CIAL SECURITY NO.	17. INFORMANT		ADDRESS	S		
PART I D Condition gove is cause (c lying co	IMMEDIATE Ons, if ony, which rise to immediate a) stoting the <u>under-ouselost</u> .	(3FF(15) 1.5	S NSEQUENCE OF NSEQUENCE OF	SEASE DR CONDITION GIVEN	IN PART 1 (a).			BETWEEN ONSE	AND DEATH
19a. DATE O	PF OPERATION	19b. CONDITION FOR	WHICH OPERATION	N WAS PERFORMED?	-//		W.	20. AUTOPSY	? NO 🗆
	IAL CAUSE WAS IG OR TING CAUSE OF DE	ZIB. TIME OF INJURY HOUR A.M. MONTH P.M.		e. HOW INJURY OCCI	JRRED (ENTERNAT	ure of injury in Item 18	B PART † OR PAR		NO L
WHILE	OCCURRED NOT WHILE AT WORK	21¢ PLACE OF INJURY STREET, FACTORY, FARM, E		LOCATION	(TTY OR TOWN	COU	NTY	STATE
AI WORK								inion	
	tify that took charge	of the remains described about the second of the remains described about the second of the remains and the second of the remains about the second of the remains described about the second of the sec	Shill	Hamicide TITLE (SPECIF	Undetern	AL EXAMINER	DATE SIGNED		4/79

81811-81 The state of the s e attending physician and campletely filled in by the funeral director, mave carbanpapers. Pages 1 and 2 shauld be filed within 72 haurs aft

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remove carbon papers. Pwith the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital or attending physician.

executed within 24 haurs after death.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79 -	1	13	2	0	
REG. NO.					

FIRST SECENSED EVER IN U.S. OR UNKNOWN) (IF YES, OR	ARMED FORCES? GIVE WAR OR DATES) To citizen OF V U.S. III. NAME OF H BE OR OTHER INSTITUTION, PUNTY ARMED FORCES? GIVE WAR OR DATES) TO only one cause per USED BY: DIATE CAUSE [a]	HOSPITAL, NURSING HOSPITAL, NURSING HOSPITAL, NURSING HOSPITAL, NURSING HOSPITAL PROPERTY OF A STATE OF A STAT	widowed SHOME OF SHOME OF SHOME OF SHOWING O	22 190 NEVER MARRIED DIVORCED 12 OTHER INSTITUTION tale 13d. INSIDE CITY LIMITS? YES	6 AGE (IN YEARS LAST BIRTH 2 76 9 BALTIMORE CITY OF BALTIMORE CITY OF BALTIMORE CITY OF BALTIMORE (1706 OF WORK FOR MOST OF Mechanic 130 STREET BAPTESIN	HDAYI FUNDER 1 YRS. PROUNTY OF DEAT CITY ON 128 KINDUS NOTE AVE. S SS Marlyn AV	IND OF BUSINES
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CEASED EVER IN U.S. OR UNKNOWN IF YES, OR UNKNOWN I	ARMED FORCES? GIVE WAR OR DATES) or only one cause per USED BY: DIATE CAUSE (a)	166 SOCIAL SECUR 213-14-02 line far (a), (b) and	RITY NO.	Edith 17 INFORMANT Mildred Nit	ADDRE	Marlyn Av	e. 2122
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ART I. DEATH WAS CA	USED BY: DIATE CAUSE (a)	Car	/	Imora Ar	rest	BETY	PPROXIMATE INTERV
e rise to immediate e (a), stating the erlying cause last.	DUE TO, OI	R AS A CONSEQUEN	NCE OF Circh	2513 051	ich	DITION GIVEN IN PA	PI I/a)
ATE OF OPERATION					200 AUTOPSY?	20b. IF YES, WERE F	INDINGS USED
ONTRIBUTING CAUSE OF CHER, NOTIFY MEDICAL EXAMINATION OF COURRED	F DEATH HOUR A.I	M. MONTH DAY M. OFINJURY	19	216. HOW INJURY OCCUR 216. LOCATION STREET			
certify that (I) (this how the deceased alive labove, (I) (we) (did) (did IGNATURE	on 3/	19		EGREE ATTENDING PHYSICIAN	MEDICAL STAF	22c. 1	m that (I) (wm the causes state
	ATE OF OPERATION CCIDENT WAS UNDERLYING DINTRIBUTING CAUSE OF HER. NOTHY MEDICAL EXAMI JURY OCCURRED E	ATE OF OPERATION 19b. CONDI CCCIDENT WAS UNDERLYING 21b. TIME O HOUR A. HER. NOTIFY MEDICAL EXAMINER) P. JURY OCCURRED 21e PLACE (AT HOME, STE AT WORK A. Certify that (1) (this hospital) attended the condition of the cond	ATE OF OPERATION 19b. CONDITION FOR WHICH (CCCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DA P.M. 19d. AMONTH DA P.M. 19d. AMONTH DA P.M. 19d. AMONTH DA P.M. 19d. AMONTH DA P.M. 10d. AMONTH DA P.M. 11d. AMONTH DA P.M.	2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N ATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION CCCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 NOTIFY MEDICAL EXAMINER) NOT WHILE 21b. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CERTIFY that (I) (this hospital) attended the deceased from the deceased olive on the decease olive olive on the decease olive ol	2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM ATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19c. COLUMN WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 19	2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 SINTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR P.M. 19 SUJURY OCCURRED 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 SITURY OCCURRED 216. TIME OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 216. LOCATION STREET CITY OR TOWN the deceased olive on 19 and that in (my) (our) opinion death occurred on the deceased (I) (we) (did) (did not) view the body after death. DEGREE ATTENDING MEDICAL STAF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN 226. ADDRESS	2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PARTIES OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 10b. CONDITION FOR WHICH OPERATION WAS PERFORMED 10c. AUTOPSY? 10b. IF YES, WERE FOR CONDITION FOR WHICH OPERATION WAS PERFORMED 10c. AUTOPSY? 10c. AUTOPSY. 10c. AUTOPSY? 10c. AUTOPSY. 1

DHMH - 16 50M 7/77 (VR A 15 (4))

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24 FUNERAL DIRECTOR 7922 Wise Wise Ave. Balto. Md. 21222

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Witzke Catonsville Funeral Home, P.A. 21228

FOR

- STATE

DHMH-16 20M (VRA 15, 4) 7/7B REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

24 FUNERAL DIRECTOR 1630 Edmondson Ave. Catonsville, Md 250 DATE REC'D. BY REGISTRAR 250. RED TRAPS SIGNAL

79-1132

2b. HOUR

HOURS

NO [

STATE

5:00

IF UNDER 24 HRS

REG. NO.

must be notified of once.

STATE OF MARYLAND

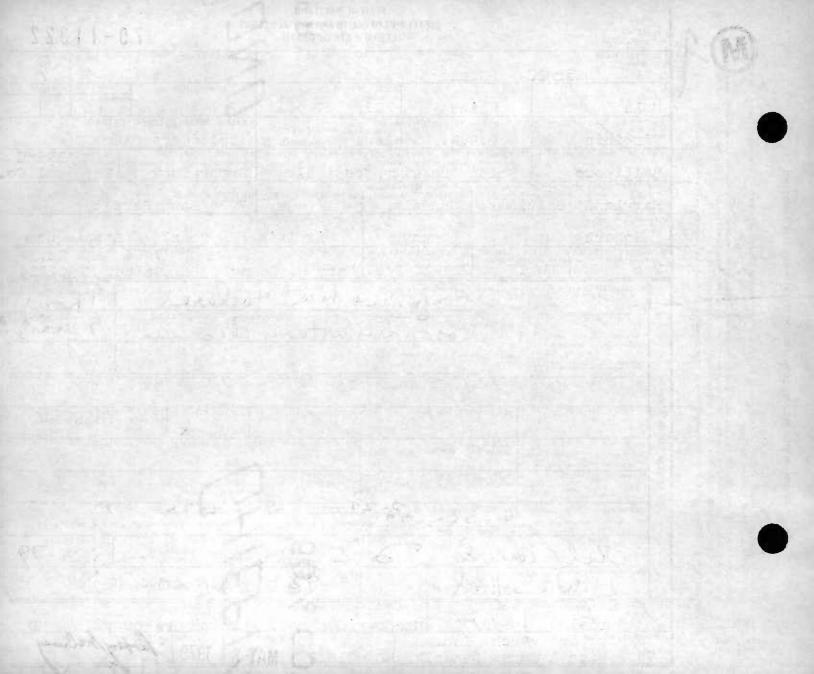
		0				STATE	OF MARYLAN	D					
	1	FOR STATE	STATE DEFARIMENT OF REALTH AND MENTAL HE								0 11	222	
4		REGISTRAR								0.	9-11	3 6 6	
		CEASED NAME OR PRINT)			2a. DATE OF DEATH	HTMOM	DAY YEAR	2b. HOUR					
		H	arolo	Ja	ames	De	nny			5	2 79		М
	3. SEX	x		4 RACE		5. DATE O		1540	6. AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER I YEAR	IF UNDER 24	-
		ale		Wh	ite	11	27	21	57	YRS.	MONTHS DAYS	HOURS /	MIN.
	CC	IRTHPLACE (STATE OR FO	OREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8 MARRIET	NEVER MA	RRIED 🗆	9. BALTIMORE CITY O	R COUNT	Y OF DEATH		
3		irginia			3.A.	WIDOWE	D DIVO	RCED [Baltimo	re C	ity		MD.
	10. CI	ITY OR TOWN OF DEA	ATH		HOSPITAL, NURS		R OTHER INSTIT	UTION	12a USUAL OCCUPATI		12b. KIND O	Vahalut &	5 P
1		altimore		Balti	Lmore C	ity H	ospita:	ls	Supervis		Chem		Co.
	USUA 13a. S	AL RESIDENCE (IF NURS	136 COUN	OTHER INSTITUTION	GIVE RESIDENCE BEFO	ORE ADMISSION)	13d. INSIDE CITY	LIMITS?	13e STREET ADDRESS	3174			
Š	Ma	aryland	Balt	imore	Dunda			0 🛣	7934 Ban	k St	reet		
	14. FA	ATHER'S NAME FIRST	75.11	MIDDLE	LAST		15. MOTHER'S A		AE MIDDLE		LAC		
Ò		Robert			Denn			ginia	Pear	1	Lanni	nghar	m
5	16a. V	VAS DECEASED EVER		MED FORCES?	166 SOCIAL SEC	URITY NOA	17 INFORMAN		ADDRE	597934	4 Bank	St.	
8		es	WW	II	229-16	-2402	Mary N	1. Der	nny	Balt	to. MD	2122	24
		PART I. DEATH W	AS CAUSE	E CAUSE (a)	Conge	stur	e ha	nta	alure		BETWEEN	MATE INTERVA	ÀTH
		Conditions, if ony, which gove rise to immediate DUE TO, ORDS A CONSEQUENCE OF A CONSTRUCTION OF THE CONST							5				
		cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF											
	NO	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)											
1	CERTIFICATION	19a. DATE OF OPERA	TION	19b. COND	ITION FOR WHIC	H OPERATION	N WAS PERFORA	1ED	20a. AUTOPSY?	20b. IF YES	S, WERE FINDIN	GS USED OF DEATH	?
4	RT	AL ACCIDENTALISMA		3 40 7005 0	F 10 10 10 10 1		In 110		YES NO		S 🗌	NO 🗌	
ř		OR CONTRIBUTING	CAUSE OF DEA	21b. TIME O HOUR A.	M. MONTH [DAY YEAR	ZIC HOW INJU	RY OCCURR	ED (ENTER NATURE OF INJUS	RY IN ITEM 18, F	PART 1 OR PART 2)		
Н	MEDICAL	(IF EITHER, NOTIFY MEDIC.		21e PLACE		19	21f. LOCATION						
	ME	WHILE NOT WE AT WO		(AT HOME, STE	REET, FACTORY, OFFICE	, FARM, ETC.)	STREET		CITY OR TOV	/N	COUNTY	STAT	E
	18	220.1 certify that (I) (this hospital) arended the deceased from 3-24, 19-69, to 4-26-, 19-79, that (I) (we) lost											
		sow the decease obove, (1) (we) (c	ed olive on	view the bady	after death.) T, on	d that in (my) (a	ur) opinion d	leath occurred on the de	ate and hou	ur and from the	couses state	∍d
		sow the deceased alive an 19 , and that in (my) (aur) opinion death occurred on the date and hour and fram the causes stated obove. (I) (we) (did) (did not) view the bady after death. 226. State ATTENDING MEDICAL STAFF 226. DATE SIGNED											
-		22d. PHYSICIAN'S NA	ME TYPE OF	DIVINO O		- on	22e ADDRESS	YSICIAN V	DIRECTOR PHYSIC	IAN	13-	5 - /	/
	L	B.(Ji.	Solla	4		29	00,	DUNR	A N	10		
	23a. B	SURIAL, CREMATION,	REMOVAL	23b. DATE	23c	NAME OF CE	METERY OR CRI	MATORY	23d. LOCATION CITY OR TOWN	8	COUNTY	STATE	
		Burial			79 Me	eadowi	cidge N		Dorsey,		ward	MI)
		NERAL DIRECTOR I						25a. DATE	REC'D. BY REGISTRAR	25b. RE 555	PAR'S SICHAT	REady	
	7	7922 Wise	Ave	nue, D	undalk	, MD	21222	MA'	Y 8 1979	- Prof	1		

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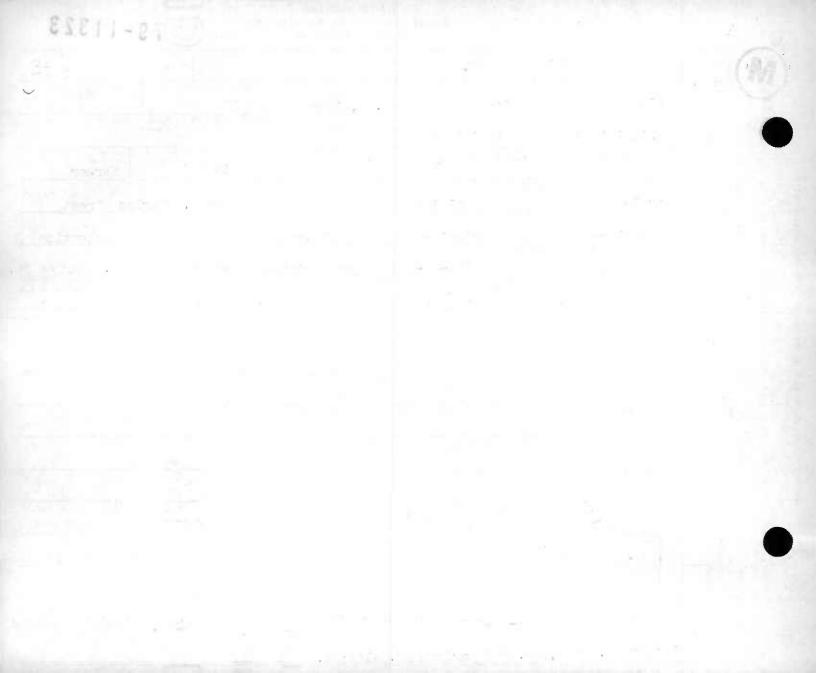
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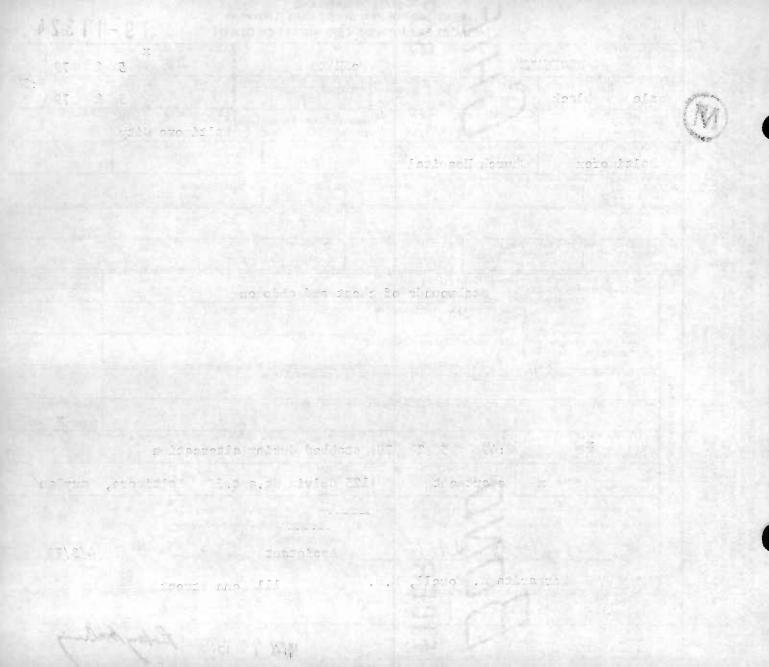
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STATE OF MARYLAND



STATE OF MARYLAND



Soge 4 moy be

requires that the death certificate be executed within 24 hours after

TENDING PHYSICIAN: The

TO HOSPITAL

ely filled in by the funeral director should be filed within 72 hours of must be notified of once.

ottending physician and c ove corbanpapers. Pages

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physic should be detached for use as the buriol-transit permit. Then please remove corbanpape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any

injury, or other troumatic event, the medical

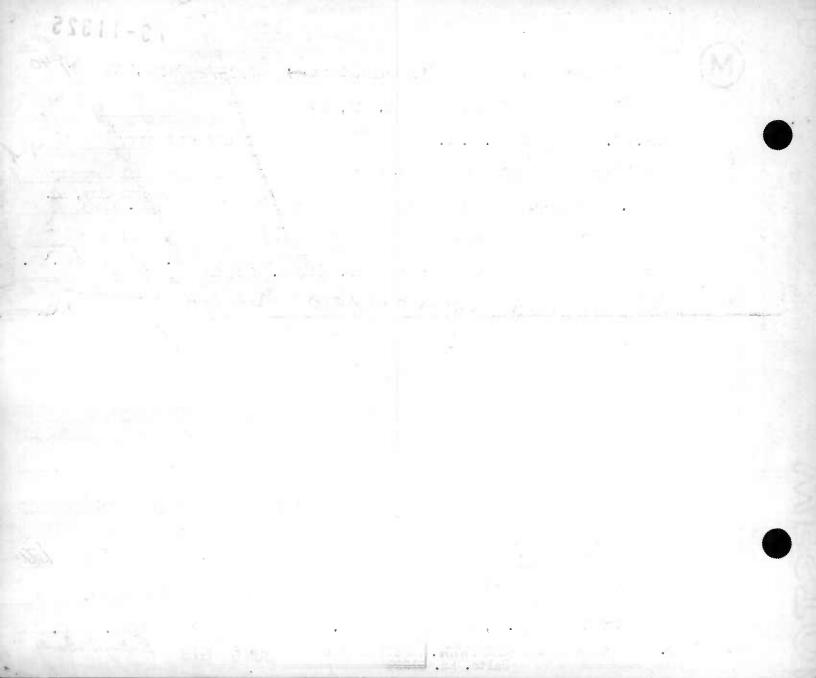
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-11325

	FOR STATE REGISTRAR	DEPART	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO. 79-11325						
	1. DECEASED NAME FIRST (TYPE OR PRINT) Vincent	NMN Di	angelo(DiAngelo)		10USO					
	3. SEX Male	RACE White	5. Date of Birth Feb. 15, 1929	6 AGE (IN YEARS LAST BIRTHOAY) 1 F UNDER I YEAR IF UMONTHS DAYS HOU	NOER 24 HRS					
5	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Balto. Md.	76 CITIZEN OF WHAT COUNTRY ***********************************	MARRIED NEVER MARRIED L	BALTIMORE CITY	MD.					
9	BALTIMORE	ST. AGNES	HOSPITAL	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY INVESTIGATOR SOCIAL Securi						
3	USUAL RESIDENCE (IF NURSING HOME O 130. STATE 135,/COU	NTY 13c. CITY OR TO	City YES NO E	3237 RamblewoodRd. 21043	Id.					
ā	IA FATHER'S NAME FIRST Umberto	MIDDLE DiAngelo LAST	15. MOTHER'S MAIDEN N FRST Trene	Pilli LAST						
	160 WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (# YES, GIV YES	RMED FORCES? 166 SOCIAL SEC (E WAR OR DATES) 220 22 7	3237	Ramblewood Rd. Ellicott City DiAngelo 21043	y. Md.					
			- Korral Cel	RMINAL DISEASE OR CONDITION GIVEN IN PART I(a)						
?	TIFIC			YES NO YES NO	EATH?					
	OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINER) 2111 NJURY OCCURRED WHILE NOT WHILE	ATH HOUR A.M. MONTH	DAY YEAR 19 21f LOCATION	IRRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OR TOWN COUNTY	STATE					
	2201 certify that (1) (this hosp	ital) attended the deceased from 19_101 view the body after death.	DEGREE ATTENDING PHYSICIAN	n death accurred on the date and hour and from the cause 22c. DATE SIGN MEDICAL SAFF						
	JESUS	MEDDOZ.	220. ADDRESS 900 CATO		229_					
	230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		NAME OF CEMETERY OR CREMATORY OOdlawn Cem.	Woodlawn Boomy	STATE					
	G. NAME Truman Sch	wab 5151 Barto.	25e. DA	ATE REC'D. BY REGISTRAR 25b. REGISTALES SIGNATURES	nody					

DHMH-16 20M (VRA 15, 4) 7/7B



DIVISION OF VITAL RECORDS, should be 0

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MPORTANT

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. I. DECEASED NAME MIDDLE 26 DATE OF DEATH MONTH YEAR 26. HOUR TTYPE OR PRINTI Frances lau 3. SEX 4 RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH YEAR OAYS MONTHS White t emale 10.C. Ta BIRTHPLACE ISTATE OR FOREIGN TE CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED ANEVER MARRIED Manuland timore WIDOWED DIVORCED [ID CITY OR TOWN OF DEATH 120 USUAL OCCUPATION 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 17b. KIND OF BUSINESS OR outh Batto. Yen. He (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Saltimore. Secretary USUAL RESIDENCE 11F NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13e. STATE 1136 COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Baltimore Warren Ave. Balto. Nd. 21230 aruland 4 FATHER'S NAME IS MOTHER'S MAIDEN NAME FIRST MIDDLE FIRST MIDDLE Rotondo Frank ADDRESS 17. INFORMANT I for WAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO IYES, NO OR UNKNOWN) I IF YES, GIVE WAR OR DATES! Same as above APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY. 6 mone IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? concer NO YES M NO [71a ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH WEDICAL JIF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE AT WORK 220 I certify that (I) (this hospital) attended, the deceased from , and that in (my) (bur) opinion death occurred on the date and hour and from the causes stated sow the deceosed plive on. above, (I) (we) (did) (did not) flew the body after death 22b. SIGNAL DEGREE 22c DATE SIGNED MEDICAL STAFF ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 274 PHYSICIAN'S NAME TTYPE OR PRINTS 22e ADDRESS 55-00 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION STATE CITY OR TOWN COUNTY Burial 24. FUNERAL DIRECTOR BY REGISTRAR 256, REGISTRAR'S SIGNATURE DHMH-16 20M ully tuneral Home 130 E. Fort Ave. Balto. Md. (VRA 15, 4) 7/7B

10	Ingal	tem 23b g5	532 6/	15/79	gj	STAT	E OF MARYL	AND					
W	1.	FOR STATE			DEPA		EALTH AND	MENTAL HYG	IENE		79-	113	27
	1 05	REGISTRAR CEASED NAME	FIRST		MIDDLE		AST AST	DEATH	2a. DATE OF	REG. NO.	ONTH DA		
e # 3		OR PRINTS	MANN		N		CKENS		MAY	25,	1978	T YEAR	26. HOUR 5: 55A M
poge r deat	3. SE			4. RACE	1.4	5. DATE C			6. AGE (IN YEA		17/7	FUNDER I YEAR	5:55AM
e 4 m	0.02	Male	1	Bla	ck	MONTH 5		1908		71		ONTHS DAYS	HOURS MIN.
2 (1)	7a. B	RTHPLACE STATE OR FO	OREIGN		WHAT COUNTE	2Y2 8			9. BALTIMOR			OF DEATH	
670	C	N. C.		U. :	S. A.	WIDOWE		MARRIED	BAL	TIMOR	RE CI	TY	MD.
offer d	10. C	TY OR TOWN OF DEA		11. NAME OF	HOSPITAL, NUR	SING HOME	R OTHER IN		12a. USUAL O (TYPE OF WORK F			12b. KIND C INDUSTRY	OF BUSINESS OR
212 hours	USU.	AL RESIDENCE (IF NURS	ING HOME OR		N, GIVE RESIDENCE BE		1134 INISIDE	CITY LIMITS?	13e. STREET A	DDBESS			
BALTIMORE, MARYLAND 2 Sole be executed, within 24 h. Spers, Pages 1 and 2 should b. Vol. 1, the medical examiner myst	100	Md.	130, 0001		Baltir		YES X	NO [road	wav A	pt. 19G
with with the state of the stat	14 FA	THER'S NAME	,	WIDDLE	LAST		15. MOTHER	'S MAIDEN NA	WE	MIDDLE		LAS	
MAK de		Lee			Dicke		Mar		Fr	anci		Sam	
ond co	16a \	VAS DECEASED EVER (ES, NO OR UNKNOWN)	IN U.S. AR	MED FORCES? WAR OR DATES)	166 SOCIAL SE		17 INFORM			ADDRESS			
F. Po		No			242-42	2-3687	Mrs	. Will	ie Aye	rs 1	842 I		
		18 CAUSE OF DEAT PART I. DEATH W	H (Enter on	ly one couse pe DBY:	er line for (0), (b),	ond ich	0						MATE INTERVAL ONSET AND DEATH
ST.		1710		E CAUSE (0)	due	1 rai	rure	-				18	Shis
death death of the care car ition, or		0 1 0 7		DUE TO, C	OR AS A CONSE	DUENCE OF	l.0	2241226	ant-			7	zhis
PRESTORE of deather the offen of the motion of the motion.		Conditions, if any, gave rise to imm cause (a), statin	nediote) (b)_	J		Tue	munc	<i>></i>				
W. hot the		couse (a), statin underlying couse		DUE TO, C	OR AS A CONSE	DUENCE OF							
ires the n plect burial burial ry, or		PART 2. OTHER SIGN	VIFICANT	ONDITIONS	ONTRIBUTING 1	O DEATH BUT	NOT RELATE	D TO THE TERM	NAL DISEASE	QR CONDIT	TION GIVE	N IN PART 1	31
requi	NO.	angiois	inne	inol	elasti	c Lynn	shade	nopatt	my, 1	Apla	ria		
NG PHYSICIAN: The law requires that the death or attending physician. Where this certificate has been signed by the attending as the burial-transit permit. Then please remove cold than Amental Hygiene prior to burial, cremation, or arked or them 18 shows any injury, or atter traumatic.	CERTIFICATION	190 DATE OF OPERA	TION	19b. CONE	OITION FOR WHI	CH OPERATIO	N WAS PERF	ORMEN	YES -			WERE FINDING CAUSES	
VITA Nysicie icate ransit Hygis	GE.	21a. ACCIDENT WAS UND		21b. TIME O		DAY YEAR	21c. HOW II	NJURY OCCURE	RED (ENTER NATU	JRE OF INJURY I			
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PHYS endin this of d Me	MEDICAL	21d. INJURY OCCUR		21e. PLACE	OF INJURY	CE. FARM. ETC.)	21f. LOCAT STREET	ION	HILL	CITY OR TOWN		COUNTY	STATE
NG atter as the on the one of the o	1	AT WORK AT WO	ORK		1.2								
al or al or or use Heoli		22a-1 certify that (I)		10		-01	15	, 199	, 10	ay o	19	-	that (1) (we) last
R ATTE hospith RECTC ned for apt. of tem 21		sow the decease above, (I) (we) (c) view the body	rafter death.	,		(our) opinion	death accurred	on the dote	ond hour a		
T Dad T	3	17L HIGNATURE		1 1		,	DEGREE	ATTENDING _	MEDICAL	STAFF	/	22c. DATE	-1-
HOSPITAL ned by the FUNERAL the Stote ORTANT:		22d. PHYSICIAN'S NA	AME INVEST	D. W.	ream	can	22e. ADDRE	PHYSICIAN [DIRECTOR [PHYSICIA	NA	5/6	-3/17
TO HOSPITAL retoined by th TO FUNERAL should be det with the Store		LAWREN	- (-0	EDMA,	N	40000000	INS Ho	PKIN	is H	05/17	TAL	
BP		SURIAL, CREMATION, SPECIFY) Burial	REMOVAL	23b. DATE 5/29		Cedar		CREMATORY	23d. LOCAT CITY OR Ann	iown ne Ar	unde	OUNTY COU.	nty, Md.
DHMH - 16 50M 7/77	24 F	JNERAL DIRECTOR	11/10					4	E REC'D. BY RE				
(VR A 15 (4))	W	m. lc. Ma	arch	F/H	1101 E	. Nort	h Ave	YAH ·	3 1 197	9	Lite	whel	mody
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STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) H. John 12:00P M DIGGS Mau 10 1979 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) 15, 1896 MALE BLACK 83 TO BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED . NEVER MARRIED MARYLAND U.S.A. WIDOWED Baltimore Citu 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) RESTAURANT COOK Baltimore Maruland General Hospital USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 136 COUNTY 136 CITY OR TOWN 13a. STATE 13e STREET ADDRESS UTAH 13d INSIDE CITY LIMITS? BALTIMORE ST. BALT. Md YES A NO 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE MIDDLE DIGGS UNKNOWN WEBSTER ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) 217-32-0734A CHUWING 1323 PAULINE NO 18 CAUSE OF DEATH Enter only one couse per line for to 16 and c BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY BRONCHOPNEUMONIA IMMEDIATE CAUSE (0). DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION CARCINOMA OF THE PROSTATE WITH MATASTASES 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 9ª DATE OF OPERATION 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES A NOF YES 71n ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK AT WORK 220.1 certify that (this hospital) attended the deceased from Mau to Mau sow the deceased alive on May 10 , and that in (our) opinion death occurred on the date and hour and from the causes stated obove, X (we) (did) (XXXX) view the body ofter death 22b. SIGNATURE 22c. DATE SIGNED DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN F 5-10-79 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Edward Mack, M.D. c/o Maryland General Hospital

DHMH - 16 60M 1/75 (VR A 15 (4))

230. BURIAL, CREMATION, REMOVAL 23b. DATE

5-15-1979

W. CHAMBERS CO. 517 "Tith ST. SAEA

BURIAL

24 FUNERAL DIRECTOR

23c. NAME OF CEMETERY OR CREMATORY

HARMONY MEM.

PARK

23d LOCATION LANDOVER

P.G.C.

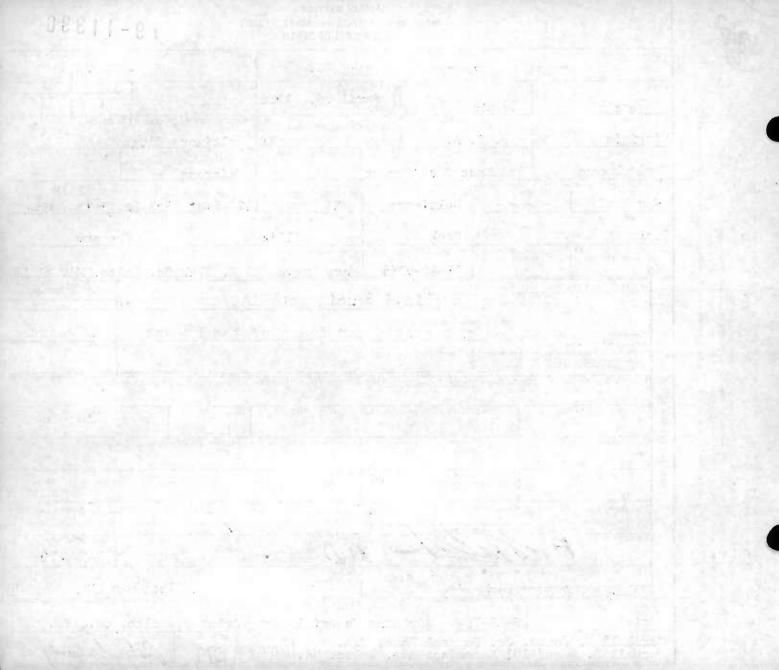
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Purnell B. Oden/4101 Edmondson Ave. Balto. Md. MAY 2

(VR A 15 (41)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICA

TE OF DEATH	REG. NO.	9-11.	331
510	20. DATE OF DEATH MONTH	1 - 79	26. HOUR
н 1884	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
14 YEAR	38 94 YRS	MONTHS DAYS	HOURS MIN

REGISTRAR DECEASED NAME 5Amuel DATE OF B 4 RACE MONTH TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY U.S.A. WIDOWED DIVORCED T CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Carman USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION).
13a. STATE 13b. COUNTY 13c CITY OR TOWN 134 INSIDE CITY LIMITS? 13e. STREET ADDRESS Brook Ave. YES T NO I ma 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Digiorgio Unknown Unknown ADDRESS 17. INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES 66 SOCIAL SECURITY NO. (YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) 705106427 Frank C. Di Giorgio 5306 Barbara Ave. No 18 CAUSE OF DEATH (Enter only one couse per SPIRATORY ARRES PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) TERIOSCLEROSIS, DIFFUSE Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 116 CERTIFICATION 206. IF YES, WERE FINDINGS USED 198 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CERTIFYING CAUSES OF DEATH? GANGRENE OF LEFTLE NO ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (this haspital) attended the deceased from sow the deceased alive on and that in (and our) opinion death occurred on the date and hour and from the causes stated obave, (1) (we) (did) I did not view the body after death DEGREE 22b. SIGNAPURE ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN

ICIAN'S NAME (TYPE OR PRINT)

23b. DATE

May 4, 1979

23c. NAME OF CEMETERY OR CREMATORY

Most Holy Redeemer

23d LOCATION Baltimore

Maryland

₹2€ DATE SIGNED

STATE

COUNTY

126. KIND OF BUSINESS OR

Unknown

INDUSTRY R. R.

24 FUNERAL DIRECTOR

(SPECIFY)

23a. BURIAL, CREMATION, REMOVAL

Burial

- STATE

Leonard J. Ruck, Inc. Balto. Md. 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DHMH - 16 50M 7/77 (VR A 15 (4))

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	REGISTR				IER'S CERTIFI	ICATE OF DE		REG. NO. 9 -	1133	_
5 H3	(TYPE OR PRINT)		WALTE	R	Dillon		20. DATE KNO OF ES DEATH MA	011-	25 19 79	26. HOUR
3	SEX Male	4. RACE White	5 DATE OF BIRTH MONTH DAY 12-8-195	YEAR 6. AGE (IN YE LAST BIRTHD		HOURS MIN	PRONOUNCED DEAD	момтн	25 19 79	2:15 A M
7/1	FOREIGN COU	E (STATE OR NTRY)	76 CITIZEN OF WHAT	COUNTRY?	1.	IEVER MARRIED DIVORCED		city or coun	TY OF DEATH	MD.
	0. CITY OR TO	imore	11. NAME OF HOSPIT	TY, GIVE STREET ADDRESS)	E, OR OTHER INSTIT	UTION 12a. US		ON (TYPE OF WORK	126 KIND OF BU OR INDUST	SINESS
0.1		NCE (IF IN NURSING HOME I	OR OTHER INSTITUTION, GIVE R	esity Hosp esidence before admiss 3¢, CITY OR TOWN. Grasonvi	oital (STU	CITY LIMITS? 13e. ST			load	
2000	14. FATHER'S I	nes Kenne EASED EVER IN U.S. AR	th Killon	LAST	15. MOTH	HER'S MAIDEN NAM	eth Box	wie DDRESBOX	LAST	
AVAINER ALONG WIT TRANSIT PERMIT. PA ENTAL HYGIENE, DIV REMOVAL.	18 CAI PAR	TIDEATH WAS CAUSE	TE CAUSE (a) COIL DUE TO, OR AS			iple visc	eral inj	uries	APPROXIMATI BETWEEN ONSE	
E USED AS A BURALL OF HEALTH AND MI AL, CREMATION, OR		THER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT		MINAL DISEASE OR CONDITI		•		20. AUTOPSY	?
LAN L	U	ERNAL CAUSE WAS	21b. TIME OF IN HOUR A.M. A	AONTH DAY YEA	R	RY OCCURRED (ENTE				NO []
	WHILE AT WO	URY OCCURRED	STREET, FACTOR	INJURY (AT HOME,	21f. LOCATION STREET Route 5	of motor	CITY OR TOWN	C	OI OINTY ON Anne's	STATE S. Md.
MARKIAND, 21201	22a.	I certify that I took char resulted from: Natu	ge of the remains describ	bed obove, held on	Autopsy X,	Inspection ,	Inquiry	ond in my c	ppinion 5/25	
AFTER DEATH, WITH TI BALTIMORE, MARYLAN	EXAMII (TYPE C	VER'S NAME Vir	ginia L. Do		ADDRESS		111 P	enn Stre	- Baut	
	Buri 24. FUNERAL	DIRECTOR	5-28-1979	Woodlas	METERY OR CREMA	ial Ea		Talbot.	Marwla	and_
15 ME (5)) M 7/76	Newn	am Funera	1 Home	Easton,	Md.	MAID	1 10,0	/	1	

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OR ATTENDING PHYSICIAN: The law

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

10	79-		3	3	3
NO.	U	1 1	V	U	V

	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	. 19-		333
	CEASED NAME FIRST	WIDDLE	A L	AST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
	BENN!	IDACK	DiM	ODICA	MAY	3 181	979	5 7 M
3. SE	X	RACCauçasian	5. DATE O	OAY YEAR	6. AGE (IN YEARS LAST BIRTI	HDAY) IF UN	DER I YEAR	IF UNDER 24 HRS
	In	<i>co</i> .	Dec.	5, 1916	62	YRS.		
7a. 81	RTHPLACE (STATE OR FOREIGN 7b	CITIZEN OF WHAT COUNTRY?	MARRIEI	NEVER MARRIED	9 BALTIMORE CITY O			
	nnsylvania	USA	WIDOWE		Baltimon			MD.
	TY OR TOWN OF DEATH	 NAME OF HOSPITAL, NURS IN (IF NOT IN SUCH FACILITY, GIVE STREET 		R OTHER INSTITUTION	12a, USUAL OCCUPATION (TYPE OF WORK FOR MOST OF		2b. KIND OF NDUSTRY	BUSINESSOR
	ltimore		ictor	Street	Rigger -		rydo	Or .
13a S	AL RESIDENCE (IF NURSING HOME OR OF TATE 13b. COUNTY		VN I		13e. STREET ADDRESS			
	THER'S NAME	Darerme	21.e	YES NO	3809 St.	Victo	or St	reet_
		DiModica		Christin	MIDDLE	T 47.	LAST	
16a. W	VAS DECEASED EVER IN U.S. ARMI		JRITY NO.	17. INFORMANT	ADDRE	SS LIDE	erta	
(1)	res, no or unknown) $\{ \text{if yes, give w} \}$			Mrs. Glori	a Redmond	daugh.	nter	
	18 CAUSE OF DEATH (Enter only	one cause per line far (a), (b), an	nd (c).)					ATE INTERVAL NSET AND DEATH
	PART I. DEATH WAS CAUSED IMMEDIATE		ETAB.	LE CONSESTI	IS HEART I	-AILURG	YEA	425
	3989	DUE TO, OR AS A CONSEQU	ENCE OF					
	Conditions, if ony, which			ic itener a	KENSE.		YSA.	RS.
	gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU	ENCE OF			100		
	underlying cause last.	(c)						
7	PART 2. OTHER SIGNIFICANT CO	INDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CONE	ITION GIVEN I	N PART 1101	
MEDICAL CERTIFICATION						I 15.115.0 14.0		
ICA	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WI		
RTIF					YES NO	YES [NO 🗆
CE	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH D	AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1	OR PART 2}	
ICA	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19					
MED	21d INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	N (OUNTY	STATE
	AT WORK — AT WORK —							
	220.1 certify that (1) (this haspital				, to			not (I) (we) lost
	saw the deceased alive an obave, (I) (we) (did) (did not)	view the bady after death.		nd that in (my) (our) opinion d	leath occurred on the do	ite and hour an		
	22b. SIGNATURE	(Bun 00 4	Α.	DEGREE ATTENDING A	MEDICAL STAF	F	22c. DATE S	11 (79.
	7.	Cure .	461	PHYSICIAN X	DIRECTOR PHYSIC		4/0	
	224 PHYSICIAN'S NAME (TYPE ORP	NACT NO.		22e. ADDRESS	S. HANOVE	en 50	-	
		1				14 31		
23a. E	BURIAL, CREMATION, REMOVAL	The second of th		EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COU	NTY	STATE
$\overline{}$	Burial	21 May 79 Ce	edar		Baltimo	re, Al		ryland
24. Ft	UNERAL DIRECTOR			25a. DATE	REC'D. BY REGISTRAR	256. REGISTRAR	5 SIGNATU	RE

DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, at other traumatic event, the medical

IMPORTANT: If Item 21 is marked or Item 18 shaws any

24. FUNERAL DIRECTOR

FOR

S. Kirkley, Glen Burnie, Md. James

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STATE OF MARYLAND

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-11335

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH 1979 YEAR 25 HOUR OP DECEASED NAME MAY 6. D. DIXON MARTHA 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS SEX 4 RACE 5. DATE OF BIRTH HOURS Feb. 14. 1914 White Female BALTIMORE CITY OR COUNTY OF DEATH 75 CITIZEN OF WHAT COUNTRY? O. BIRTHPLACE (STATE OR FOREIGN MARRIED | NEVER MARRIED Marvland USA Baltimore City DIVORCED T NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH 12n. USUAL OCCUPATION 17% KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Home Church Hospital Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Maryland Maryland 136. SIEEE ADDRESS erside Avenue 13d INSIDE CITY LIMITS? 15. MOTHER'S MAIDEN NAME 4. FATHER'S NAME Arthur Frantz FIRST Helen Schultz Agenys Savannah. Avenue 16b SOCIAL SECURITY NO 17. INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? MES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 219 07 9088 Leroy J. Dixon Son Baltimore, Md. 21221 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic PART I DEATH WAS CAUSED BY 30 MINUTES CARDIAC ARREST IMMEDIATE CAUSE (a)_ DAYS DUE TO, OR AS A COASCOPINGS IS Conditions, if ony, which gave rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION HEMOLYTIC ANEMIA 195. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOL YES | 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21g. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) This hospital ottended the deceased from. MAY 6. saw the deceased alive on MAY 6, obove, (1) we (did not) view the body ofter death. and that in (my/faux) opinian death occurred on the date and haur and from the couses stated DEGREE 77c DATESIGNE 27h SIGNATURE ATTENDING MEDICAL STAFF C PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS CHURCH HOSPITAL CORPORATION 22d. PHYSICIAN'S NAME (TYPE OF GORMLEY, M.D. PAUL E. 100 N. BROADWAY, BALTIMORE, MD 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY 23g. BURIAL, CREMATION, REMOVAL STATE Baltimore Co. Md. Oak Lawn Cemetery Burial 25a. DATE REC'D. BY REGISTRAR 25b. BEGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR

Brazdzinski Funeral Home PA 1407 Old Eastern Ave AY

DHMH - 16 50M 7/77 (VR A 15 (4))

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requires that the death certificate be executed within 24 hours after

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral distanded be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 shauld be filed within 72 haw the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval.

IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other troumatic event, the medical examiner

must be notified of ance.

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-	11	3	3	6
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	1 -	REGISTRAR		CERTIFICATE OF	DEATH	REG. NO	5. 19-11	330
i		CEASED NAME FIRST	MIDDLE	LAST		20. DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
		reth		DOP	NO	May 28		9:20 RM
	3 SEX		NEGRO .	5. DATE OF BIRTH	YEAR -	6. AGE (IN YEARS LAST BIRTI	HDAY) IF UNDER 1 YE MONTHS DAY YRS.	
Š		Ma	U.S. A		MARRIED A	9. BALTIMORE CITY O	R COUNTY OF DEATH	16. MD.
5	10. CI	Ballo	1. NAME OF HOSPITAL, NURS INC.	G HOME OR OTHER IN	STITUTION	12a. USUAL OCCUPATH (TYPE OF WORK FOR AOST OF		O OF BUSINESS OR
Ŝ	USUZ 13a S	AL RESIDENCE (IF NURSING HOME OR O TATE 136 COUNT	HER INSTITUTION, GIVE RESIDENCE BEFORE 1344-174 OR TOWN		CITY LIMITS?	30 STREET ADDRESS	Broadera	4
0		UHRVIS 0	Dobson	15. MOTHER	FIRST 991	F MU	TEHINS'	AST
	16a W	VAS DECEASED EVER IN U.S. ARMI res, no or unkyown) (IF yes, give w		4667 Je	seph L	DobsoN 1	402 n. L	Pallas pt
į			one couse per line for (a), (b), and BY:	dianul	m0 m	ary a	APPRI BETWEE	OXIMATE INTERVAL EN ONSET AND DEATH
		4292 IMMEDIATE	DUE TO, OR AS A CONSEQUE		estive H	eart		ARIA FLOR
		Canditions, if any, which gove rise to immediate cause (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE	NCE OF	ilure ardiovas	cular Accid	dont	
	NO	PART 2. OTHER SIGNIFICANT CO	NOTIONS CONTRIBUTING TO D					1(0)
	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH (OPERATION WAS PERF	ORMED	200 AUTOPSY?	20b. IF YES, WERE FINI IN CERTIFYING CAUS YES [7]	
-		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DA		NJURY OCCURRE		Y IN ITEM 18, PART 1 OR PART 2	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	21f. LOCAT	ION	CITY OR TOW	N COUNTY	STATE
		220. certify that (I) (this haspital sow the deceased alive an abave, (I) (we) (did) (did nat)	May 28. 19	May 28, 79, and that in (m)	, 19 <u></u>	, toMay eoth occurred on the do	28, 19 79 ate and haur and fram t	_, that (I) (we) lost the causes stated
		22b. SCHATURE	Musqu	DEGREE W	TTENDING HYSICIAN	MEDICAL STAF	F - 1 (7	28179
		22d. PHYSTCIAN'S NAME (TYPE OR P.	(chippuswa	My 22e. ADDRE	2 hurc	h Hos	P.	1/
	(5	BWULL SPECET	23b. DAJE / 79 91.	AME OF CEMETORY OF	reamy	23d. LOCATION CITY OF TOWN DE	Frederick	k R'd
	24. FU	NAME S FUNER	AL HomE ADDRESS 30	orth Carty	250. DATE	3 1 1979	256. REGISTRAR'S SUSIN	Bredy

DHMH - 16 50M 7/77 (VR A 15 (4))

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or ottending physician.

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Wm.C. March F/H 1101 E. North Ave.

STATE OF MARYLAND

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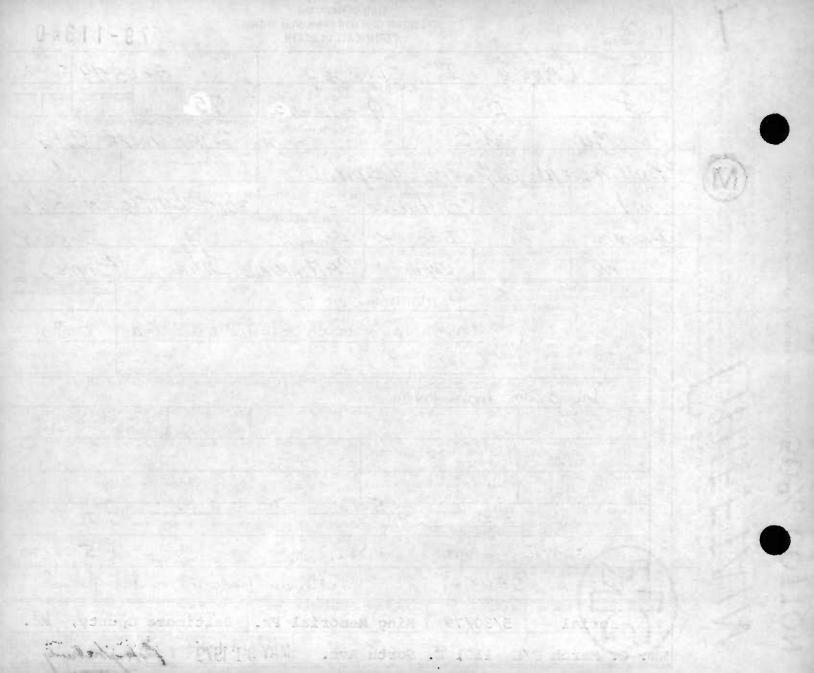
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

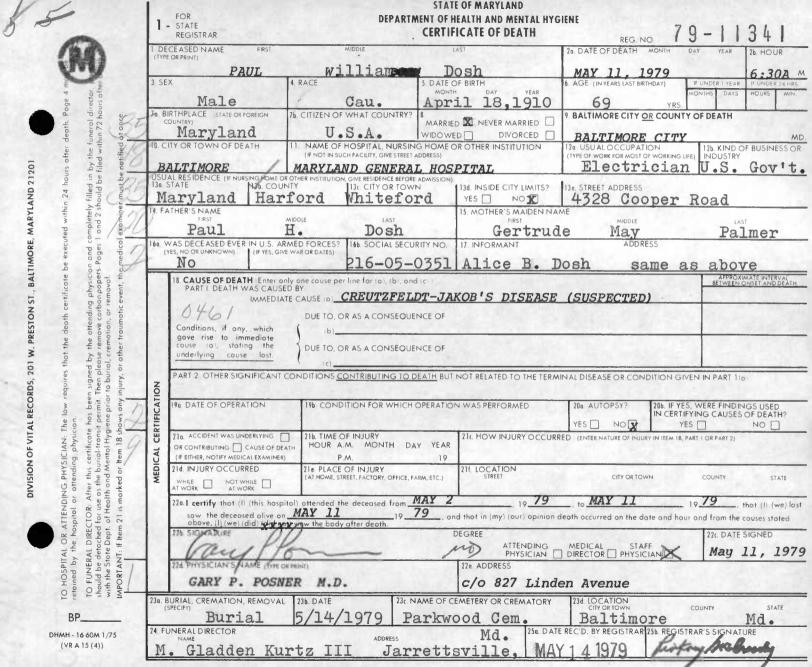
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Jo.		REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	19-	- 1 1	J 4 U
		CEASED NAME FIRST	MI	IDDLE	L	AST		MONTH DAY	YEAR	2b. HOUR
		CAK	RIE	I.	Do	RSE4		5-25	-79	9.90 AM
	3 SE:	<i>J</i> .	A RACE		MONTH	F BIRTH DAY YEAR - 19-03	6. AGE (IN YEARS LAST BIRT	HDAY) IF U	THS DAYS	IF UNDER 24 HRS HOURS MIN.
25		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF W	VHAT COUNTRY?		NEVER MARRIED	9 BALTIMORE CITY O		DEATH	7.6
	10. CI	ITY OR TOWN OF DEATH				D DIVORCED X	120. USUAL OCCUPATI (TYPE OF WORK FOR MOST O		126. KIND O	F BUSINESS OR
46	ÚSU	AL RESIDENCE (IF NURSING HOME OF	Lithe	ERAPU F	105	DITAL	(TIPE OF WORK POR MOSTO	WORKING LIFE)	INDUSTRI	
35	13a S	md. 136 COUR		BALTIN	MEE	13d. INSIDE CITY LIMITS?	3017	4HLE.	ton	Rd,
300	7	ATHER'S NAME FIRST	MIDDLE	DORSE	~	15. MOTHER'S MAIDEN NAM	MIDDLE		155	1050 V
1	160 V	VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECURI	_	17. INFORMANT	ADDRE	SS	11	700
1		NO		UNKNOU	IN	CAINERIN	IE JAIR	(DAM	ne)
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	aly one couse per la D BY: TE C AUSE (a)	Phulm				TY E	BETWEEN	MATE INTERVAL DISET AND DEATH
		1459 IMMEDIA	,	AS A CONSEQUEN		manufy who	1,	-1	100	.47
ij.	N	Conditions, if any, which gave rise to immediate	(b)	ganca rustre	^ 0	mouth with	une mur	asians	47/16	mm
H		underlying couse lost.	DUE TO, OR	AS A CONSEQUEN	CEOF					
	NOI	PART 2 OTHER SIGNIFICANT O		WALLE TO DE		NOT RELATED TO THE TERMI	INAL DISEASE OR CON	DITION GIVEN	IN PART 1(c	01
9	CERTIFICATION	190 DATE OF OPERATION	196 CONDIT	ION FOR WHICH O	PERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	ERE FINDING CAUSES	OF DEATH?
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	s(n	MONTH DAY	YEAR	21c. HOW INJURY OCCURR	0 0		OR PART 2}	
/	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE	21e. PLACE O		19 M, ETC.)	211. LOCATION STREET	CITY OR TOW	'N	COUNTY	STATE
		AT WORK AT WORK			5-	93 79	5.93		79	
		22n. I certify that (1) (this haspi saw the deceased alive on above, (1) (we) did (did no	5-2	19 3	1_, on	d that in (my) (our) opinion d	deoth occurred on the de	ote and hour an		that (I) (we) last couses stated
		226. SIGNATURE	E 3	slays,	4	ATTENDING PHYSICIAN	MEDICAL STAI	FIAN	22c. DATE	25-79
		SUJETA 1226. PHYSICIAN'S NAME (TYPEO	S'APS	iri		220 ADDRESS Luthuran	L-lespital	of Ma	rylan	ual.
	23a. E	BURIAL, CREMATION, REMOVAL				EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN Baltimo	COL	JINTY	Md.
		Burial	5/30/	/79 Ki	ng I	Memorial Pk.	Baltimo	ore Co	unty,	Ma.

DHMH - 16 50M 7/77 (VR A 15 (4))

24 FUNERAL DIRECTOR
Wm. C. March F/H 1101 E. North Ave. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE MAY 3 1 1979

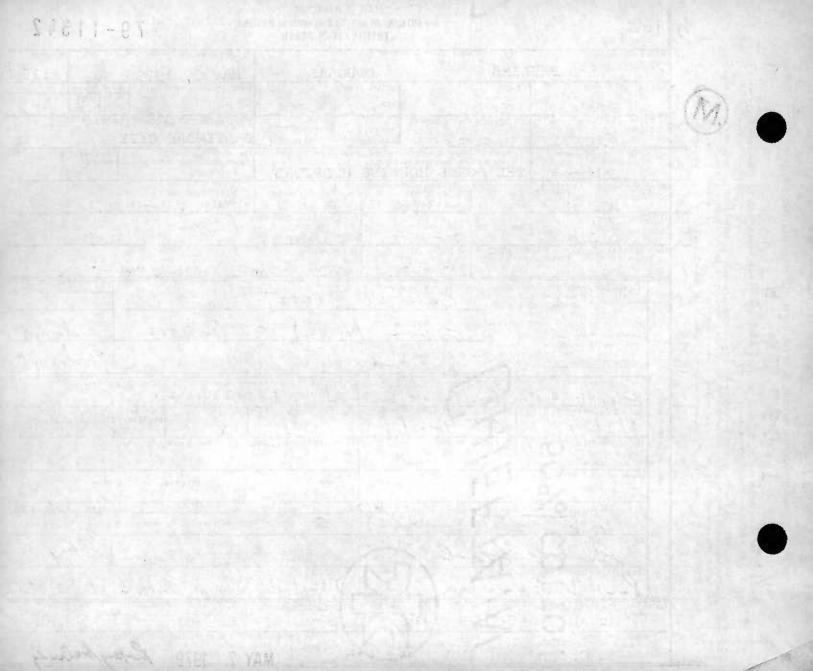




PROL VILLENSMEN Donle var 11 1979 casts DATE NORD CHARRES HOSPING CLASSICS CONTROL SOSPING THE REPORT OF THE PROPERTY OF Syone on some last to such the some CHERTEFILM -JAKON'S RISHARK (CHEFFRING) EAS 11 79 79 108 71 79

M. Hallen Cross Like Adrest Clark Mark 1918 | Morrow Colors

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME LAST 2g. DATE OF DEATH (TYPE OR PRINT) PAULINE DOUGLAS 3 SEX 4 RACE 5. DATE OF BIRTH . AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH DAY YEAR DAYS HOURS Female Black 30 16 7a. BIRTHPLACE (STATE OR FOREIGN LOUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY BALTIMORE DIVORCED WIDOWED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY JOHNS HOPKINS HOSPITAL THE PRESTON ST., BALTIMORE, MARYLAND 21201 Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a. STATE 13h COUNTY 13c. CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? Md Baltimore NO [1624 E. Federal 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE Dunkin Elizabeth Hamilton Ragman 16g WAS DECEASED EVER IN U.S. ARMED FORCES 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) No 243-26-3857 Colon McCormick 1624 E. Federal St. APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line far (p), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stoting the A GONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? à IN CERTIFYING CAUSES OF DEATH? DIVISION OF VITAL NOF NO [priol-transit Hygi 21a. ACCIDENT WAS UNDERLYING 71h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 MONTH DAY HOUR A.M. YEAR OR CONTRIBUTING CAUSE OF DEATH Mental MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY NOT WHILE. STATE WHILE AT WORK 22a.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on and that in (my) (our) apinion death occurred on the date and hour and fram the causes stated above (1) (we) (did nat) view the body after death detached tote Dept. 22b. SIGNATUR DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF TO FUNERAL E should be detained with the State D MPORTANT PHYSICIAN. DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION Dillion, Burial 5/11/79 Church Cemetery S. 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 50M 7/77 ADDRESS (VR A 15 (4)) Wm. C. March F/H 1101 E. North Ave. 1070



10	1			STATE	OF MARYLAND			
13	1.	FOR STATE REGISTRAR	DEP.		EALTH AND MENTAL HYG CATE OF DEATH	REG. NO	79-113	43
		CEASED NAME FIRST OR PRINT)	ette I	Dowi	ney	20. DATE OF DEATH	MONTH DAY YEAR 26	HOUR O
recta 4 po	3. SE	Female	1. RACE Black	5. DATE O	F BIRTH DAY 9 YEAR	6. AGE (IN YEARS LAST BIRT		UNDER 2 HRS
death. Po		RTHPLACE (STATE OR FOREIGN DUNTRY)	76. CITIZEN OF WHAT COUN	TRY?	NEVER MARRIED DO DIVORCED	9. BALTIMORE CITY O	R COUNTY OF DEATH	MD.
offer of the sid will file	10 C	BALL.	11. NAME OF HOSPITAL, NU PRINCE IN SUCH FACILITY, GIVES PENLIFY UPICED	TREET ADDRESS)	CUI SING HOME	12a. USUAL OCCUPATI (TYPE OF WORK FOR MOSTO)	N 12b. KIND OF B WORKING LIFE) INDUSTRY	
rLAND 212	USU 13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 13b. COUR	ROTHER INSTITUTION, GIVE RESIDENCE NTY 136. CITY OR	BEFORE ADMISSION)	13d. INSIDE CITY LIMITS? YES NO [130. STREET ADDRESS	Terdale	
MARYLA ted within ompletely ond 2 sh examiner	14. F	THER'S NAME	MIDDLE BUFIER		15. MOTHER'S MAIDEN NA.	WE	LAST	
be executed and contained and		VAS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (IF YES, GIVI	MED FORCES? 16b. SOCIAL E WAR OR DATES)	SECURITY NO.	17 INFORMANT Educa Thomas	ADDRE	-Aller bale	
W. PRESTON ST., BALTIMORE, MARYLAND 2120 the death certificate be executed within 24 hours by the attending physicion and completely filled in by se remove corbon papers. Pages 1 and 2 should be fill cremotian, or removal.		PART I. DEATH WAS CAUSE	DUE TO, OR AS A CONS	Corp EQUENCE OF	ho-vas	cular a	APPROXIMATE BETWEEN ONSE	INTERVAL T AND DEATH
ecorbs, 201 w requires the been signed be mit. Then pleat prior to buriol, any injury, or or	CERTIFICATION	underlying cause last. PART 2. OTHER SIGNIFICANT (DUE TO, OR AS A CONS (c) CONDITIONS CONTRIBUTING THE CONDITION FOR WI	TO DEATH BUT	>44 000m	INAL DISEASE OR CONE 200 AUTOPSY?	DITION GIVEN IN PART 1(0) 206. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF	USED DEATH?
JOF VITAL RE SICIAN: The Ic og physician. eertificate has riol-transit per entol Hygiene, ettem 18 shaws		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH		21c. HOW INJURY OCCURI	YES NO RED (ENTER NATURE OF INJUR	_	NO []
DING PHYSICIAN: or attending physic attending physician: e.e.os the buriol-tranolth and Mental Hymarked or Item. 18	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOW	N COUNTY	STATE
TTEND pital or 1708: A for use af Heol		220.1 certify that (1) (this hospi sow the deceased alive on above, (1) (we) Adia) (did no	1- 11	- 0	d that in (my) (aur) opinion	to 5 - death occurred on the do	, 19 7 9 , that	t (I) (we) lost ses stated
the black the contract the cont		226. SIGNATURE	Ales		ATTENDING PHYSICIAN	MEDICAL STAF	P 22€. DATE SIG	NED
TO HOSPITAL retained by the TO FUNERAL should be defined the Single with the Single HAPORTANT.		22d. PHYSICIAN'S NAME (TYPPO	O. CRO	slep	936 · 4	U. North	Ave So	elto
BP	T	URIAL, CREMATION, REMOVAL DUTIAL	23b. DATE 5/16/19	23c NAME OF CI	Cathedral Con.	23d. LOCATION CITY OR TOWN	COUNTY	STATE
DHMH - 16 50M 7/77 (VR A 15 (4))		INERAL DIRECTOR	by 1348-1). Calha	St. MAY	1 6 1979	25b. REGISTRAR'S SIGNATURE	

5 - 6 - 1 - 3 ay out to strain be ALLEGA SEE TO SEE AREA IN I had Thomas They was Well don't signed by the ottending physicion and completely filled in by their please remove carbanpapers. Pages 1 and 2 should be filed

FOR - STATE STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-11344

		REGISTRAR		CERTIN	ICAIL OI DEAT	••	REG. NO	0.			
374		CEASED NAME FIRST	WIODLE	1	AST		0. DATE OF DEATH	HTMON	OAY YEAR	2b HOUR	
	(117)	Ella		Downs			May 6, 1979			8:25 ^a M	
	3. SE	X	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR		EAR 6	6 AGE (IN YEARS LAST BIRTHOAY)		MONTHS DAYS	IF UNDER 24 HRS	
	Female		Negro	8	7 1895		83	YRS.	MONTHS DATS	HOURS MIN	
		IRTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8.	D NEVER MARRI	ED []	BALTIMORE CITY O	COUNT	Y OF DEATH		
3		Maryland	U. S. A.	WIDOWE			Baltimore	City		MD	
	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		OR OTHER INSTITUTION		20 USUAL OCCUPATION			F BUSINESS OR	
4		Baltimore	Maryland Genera	1 Hos	spital		(TITE OF TOME TOWN OUT OF	TO CARLAND EN	111003181		
20	130 5	STATE 136 COU		N	134 INSIDE CITY LIA	MITS?	3e STREET ADDRESS				
	_	Maryland ATHER'S NAME	Baltim	ore	YES X NO	DENI NI AMA	2308 Rosed	tale :	Street	7-7	
SOD	14. FA	Joseph	Richardson	า	Mary	DEN NAME	MIDDLE		Mack	ST.	
		WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECUI	RITY NO.	17 INFORMANT		ADDRE	SS			
	(YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)		Eldora Ch	rist	opher 1215	Moshe	er Stre	et	
		18 CAUSE OF DEATH (Enter of	nly one couse per line for (o), (b), one	d ic					APPROX	IMATE INTERVAL	
60		PART I. DEATH WAS CAUSE	TE CAUSE (o) Cerebral d	lamage	e, either	metas	static or v	ascu]		lays	
		1749		NICEOS							
		Conditions, if ony, which Breast Carcinoma with widespread metastasis									
		gove rise to immediate couse (a), stating the)				SUPPLIES.				
	couse (0), stoting the underlying couse last										
259		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
	ON										
	CAT	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	1	200 AUTOPSY? 20b. IF YES, WERE FII IN CERTIFYING CAU				
1	CERTIFICATION						YES NO		ES []	NO [
341	CER	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY				D (ENTER NATURE OF INJUR	IN ITEM TO,	PART 1 OR PART 2)		
7	AL	OR CONTRIBUTING CAUSE OF DE	AIR	19	A 9.05						
	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY		211. LOCATION			CITY OR TOWN COUNTY STATE			
	×	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC.)	SINCE		CITORIOW		CODINI	STATE	
		220 I certify thory ty (this hosp	ital) attended the deceased from	Apri	29 19.	79	, to May 6	,	19_79	thoses (we) lost	
		sow the deceased alive on May 6 obove, (scree) (did) (section) view the body after death.									
-3		22b. SIGNATURE	e view me body oner deom.		DEGREE			1	72L DATE	SIGNED	
	A	Clifford 1	PALADOWSKi	M. D	ATTENI PHYSIC	DING CIAN	MEDICAL STAF		5/6	6/29	
-		22d. PHYSICIAN'S NAME TYPE		1	22e ADDRESS		11000	1	//		
		(Lypu) of	Illa Janaus 1/2	VNM	c/o Mar	yland	General H	ospit	tal		
		BURIAL, CREMATION, REMOVAL	. 236 DATE 234 N	AMÉ OF C	EMETERY OR CREMA	<u> </u>	123d LOCATION				
	(:	Burial	5/11/1979 Art	outus	Memorial	Park	Arbutus	Man	rvland	STATE	
	24. FU	UNERAL DIRECTOR	ADDRESS			250. DATE	REC'D. BY REGISTRAR			URE	
	V	Wm. C. March F/	H 1101 East North	h Ave	nue	MAY	8 1979	Ris	trustre	Cready	
	_							-			

DHMH - 16 60M 1/75

TO FUNERAL DIRECTOR: After this certificate has been should be detached for use as the burial-transit permit. The with the State Dept. of Health and Mental Hygiene prior to

(VR A 15 (4))

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	STATE OF MARYLAND
FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE
STATE	CERTIFICATE OF DEATH
REGISTRAR	CERTIFICATE OF DEATH

79-11345

	CERTIFICATE OF DEATH	REG. NO.		
	LAST	20 DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
con	Drews	May 5, 197	,	
	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	MONTH DAY YEAR	77	MONTHS DAYS	HOURS MIN

MIDDLE DECEASED NAME (TYPE OR PRINT) Alice Newt 4 RACE 3 SEX Female White Aug. 20 1901 7g. BIRTHPLACE ISTATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Md.WIDOWEDX DIVORCED Baltimore City 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Balto. Agnes Hospital Floorlady Candy Co. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130 STATE 13e STREET ADDRESS 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 5270 Darien Rd Balto. Md. YES XX NOF 15. MOTHER'S MAIDEN NAME 4. FATHER'S NAME LAST FIRST MIDDLE Thomas Mann Tda Betts ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) same address Joyce Kurtz dghtr) no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for (a), (b), and PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 CERTIFICATION 90 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 28a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [NO F 210. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK

220.1 certify that (1) (this haspital) attended the deceased fram. sow the deceased alive on_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the body after death 226 SIGNATURE DEGREE 22c DATESIGNE A) TENDING THYSICIAN MEDICAL STAFF DIRECTOR PHYSICIAN 2264 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS

Gracito Patricio

23b. DATE

Cold Spring Lane

Faith

236 LOCATION

CITY OR TOWN

Balto.

Rurial 24 FUNERAL DIRECTOR NAS Chimunek Funeral

Tnc

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

Home.

Gardens of Brehms Lan Balto. Md.

23c. NAME OF CEMETERY OR CREMATORY

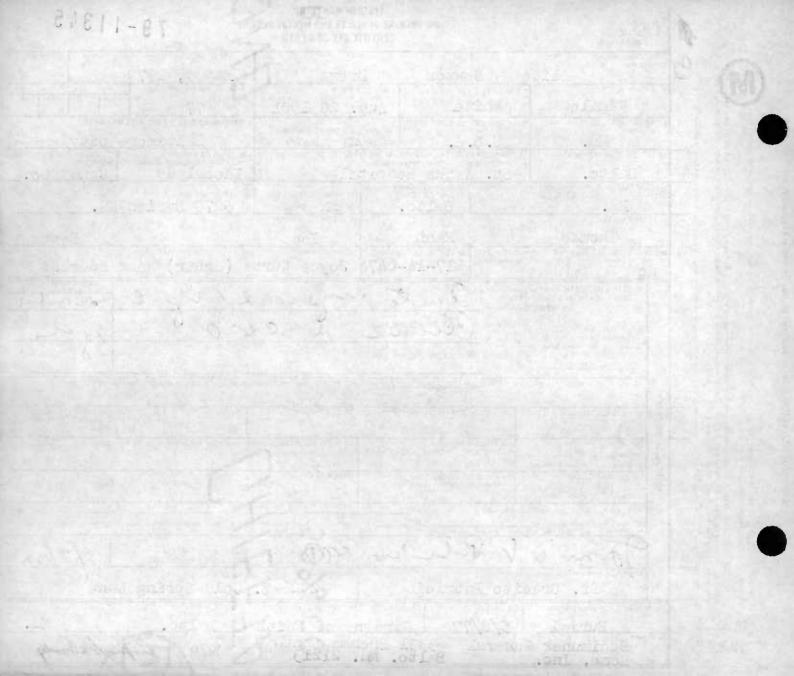
COUNTY

STATE Md.

DHMH - 16 50M 7/77 (VR A 15 (4))

BP

ORTANT



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2g. DATE OF DEATH MONTH (TYPE OR PRINT) 30 DOROThy Marie 3 SEX MONTH HOURS WhiTs. Female 02 17 To. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH Maryland MARRIED NEVER MARRIED U.S. WIDOWED DIVORCED [10. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MONOTOR E)

Cafeteria INDUSTRY School with eraw Hospital W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION) 13g STATE 136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Batro md. A.A. YES | NO I 5331 WASEMA AVE. - 21225 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Robert Bertha Balladarsch Francis Wills 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) No 216 Hope Dreyer, 5331 Wasena Ave. (21225 9051 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE 10 Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost DIVISION OF VITAL RECORDS, 201 PART 2. OTHER SIGNIFICANT CONDIT THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0 CERTIFICATION 0 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED -70g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO [Mento! Hygi 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) or Item 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK AT WORK 226.1 certify that (1) (this hospital) attended the deceased from sow the deceased of the an and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) did (did not new the body ofter death 22b. SIGNATURE DEGREE 22c. DATE SIGNED Elina ATTENDING MEDICAL STAFF be deto e Stote [FUNERAL old be deto PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME THE COMMON 22e. ADDRESS E. CORRES LUTTHERON NOSPITAL 0 23¢. NAME OF CEMETERY OR CREMATORY 236. BURIAL, CREMATION, REMOVAL 23d. LOCATION 23b. DATE STATE Burial BP Haven Mem. Pk Glen Burnie. A. A. Cd. D. BY REGISTRAR 256. REGISTRAR STORMATUR 24. FUNERAL DIRECTOR 25a. DATE REC DHMH - 16 50M 1/76 eorge J. Gonce, 4001 Ritchie Hg., Baltimore (VR A 15 (4))

Tullu Funeral Home of Brooklyn Baltimore.

STATE OF MARYLAND

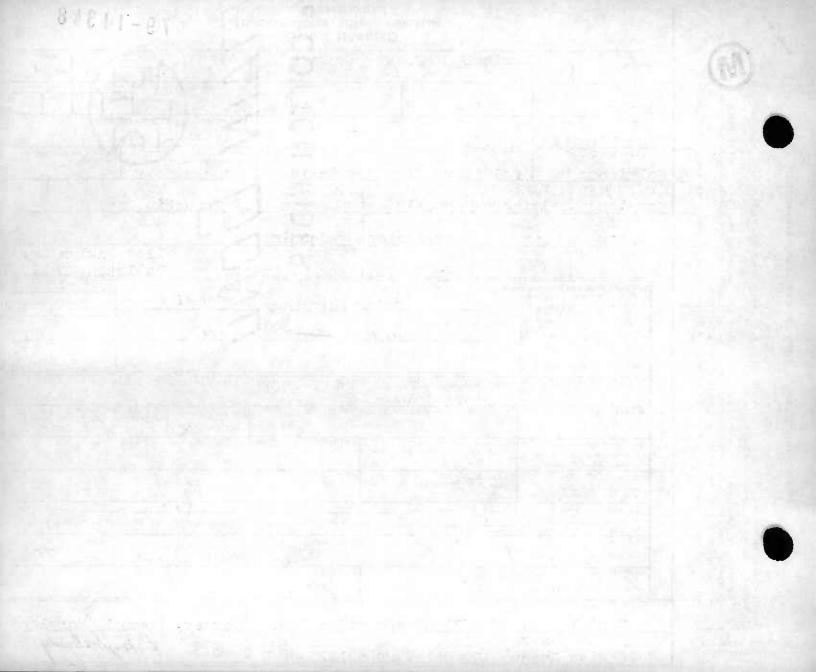
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

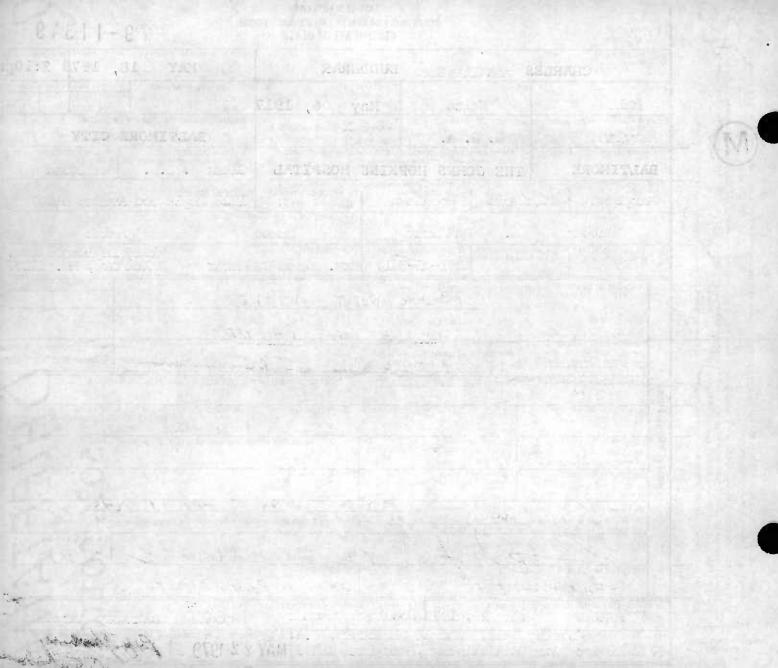
FOR

- STATE

(VR A 15 (4))

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DHMH - 16 50M 7/77

(VRA 15(4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 20. DATE OF DEATH I. DECEASED NAME MONTH 2b. HOUR (TYPE OR PRINT) JAMES A. DUNNIGAN 197 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 4 RACE 5 DATE OF BIRTH IF UNDER 1 YEAR DAY5 HOURS Apr. 17, 1905 Caucasian BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED K NEVER MARRIED Baltimore City, U.S.A DIVORCED [12b. KIND OF BUSINESS OR UCH FACILITY, GIVE STREET ADDRESS)
V. Luzerne Avenue (TYPE OF WORK FOR MOST OF WORKING LIFE)
Electrician B & RR USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 21205 13d. INSIDE CITY LIMITS? 13h COUNTY 13c. CITY OR TOWN 13e. STREET ADDRESS Baltimore N.Luzerne Avenue YES X 616 15 MOTHER'S MAIDEN NAME LAST Clara A.McClusker James C. Dunnigan Ma WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT LIF YES, GIVE WAR OR DATEST W.W.I Marie Dunnigan (wife) same as APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per lips for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: MOS IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate DUE TO, OR AS A CONSEQUENCE OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOM YES | NO [21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 71g. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE 22a.1 certify that (1) (this bospital) attended the deceased from sow the deceased olive on _ and that in (my) (our) opinion death occurred an the date and hour and from the causes stated DEGREE 22r. DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN 22e ADDRESS

Dr. Henry J. Houska, M. D.

South East Avenue

23r. NAME OF CEMETERY OR CREMATORY 23d LOCATION

Cheltenham.

Burial Cheltenham Vet.Cem Strifthuisek Funeral Brehms Lane Balto.Md.21213

BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Md.

08811-81 MAY 15 1979 X AND A 1 YAR must be notified of once.

medical examiner

IMPORTANT: If Hem 21 is marked or Hem 18 shows ony injury, or other traumatic event, the should be detached for use as the burial-transit permit. Then please remove carbon pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

filled in by the funeral rould be filed within 72

by the attending physician

STATE OF MARYLAND

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 7 9	-	1	1	J	J	ł

ć	1 -	STATE REGISTRAR	DETARTI		ICATE OF DEATH	REG. NC	79-	-	351
		CEASED NAME FIRST	MIDDLE	ı	AST	20. DATE OF DEATH	AONTH DAY	YEAR	2b. HOUR
		ORPRINT) ALBE	RTA MAYBELLE	EA.	DS	5-7-	79		м
	3. SEX	FEMALE	NEGROID	S. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIRTH	MONTH	HS DAYS	HOURS MIN.
	7a. BII	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF I	DEATH	
3		Md.	U.S.A.	WIDOWE	_/	CITY			MD.
0	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A		OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF		26. KIND O NDUSTRY	OF BUSINESS OR
-	USUA	AL RESIDENCE (IF NURSING HOME OF	R OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)) Na i				COT
5		Md. 136. COU		N	13d. INSIDE CITY LIMITS? YES NO [5102 DIC	KY HI	'hh	Rd. AB
	I4 FA	THER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NAM	ME	-,	LAS	
D		JOHN	LEAK		TESSIE	MIDDLE	PILES	LAS	
1		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECUI	RITY NO.	17. INFORMANT	ADDRES	S	1000	2-1
	(7	(IF YES, GIV	220-14-9	402	BERNACETI	TE EAds		SAM	MATE INTERVAL
	NOI	Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO D	NCE OF	1 1 1	INAL DISEASE OR COND	1 10 -	N PART 100	ne fastas
7	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a. AUTOPSY?	206. IF YES, WE IN CERTIFYING YES		
7	MEDICAL CERT	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED		19	21c. HOW INJURY OCCURR 21f. LOCATION STREET		Y IN ITEM 18, PART 1 C	OR PART 2)	STATE
	4	WHILE AT WORK NOT WHILE AT WORK		No	21/ /	9 10 4-1	0 10 1	79	
		saw the deceased alive or abave, (h/twe) (did) (did no 77h SIGN MURE	ot) view the body offer death.	79.01	DEGREE ATTENDING PHYSICIAN	, 10	F		
		Johnny	D. Pierce	E	22e. ADDRESS (N)	V9251ty	Hos	sp,	tal
		BURIAL, CREMATION, REMOVAL	5 - 9 - 79 V	VEST	VIEW MEM	23d. LOCATION CITY OR TOWN	cour	0	STATE
	24. FU	UNERAL DIRECTOR		1001		E REC'D. BY REGISTRAR		SSIGNAT	URE

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN; The Io retoined by the hospitol or offending TO FUNERAL DIRECTOR: After

24. FUNERAL DIRECTOR

1348 CALHOUN ST.

MAY

13-11351 Charles of the wide of the best of the state of the state of And the state of t FOR

ot once.

medical exomin

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and coi should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to buriol, cremotion, or removal. IMPORTANT: If Hem 21 is marked or Item 18 shows any injury, or other traumatic event, the medical s

and 2 should be filed within 77

completely filled in by

ST	ATE	OF	MARYLAND
21	WIF.	v.	IMARILAME

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

11959

•	REGISTRAR				CERTIF	ICATE OF I	DEATH		REG. N	0. 19	- 1 1	332
1. DE	CEASED NAME	FIRST		AIDDLE		AST		20. DATE O	OF DEATH			25 HOUR
		FLORE	ENCE	HART		EARP			N	1AY 18	, 197	795:50,7
3. SE	Female		Nhit€		S. DATE C	h 27,	1884	6 AGE IN	YEARS LAST BIRT		UNDER 1 YEAR	HOURS MIN.
70 BI	RTHPLACE (STATE OR POUNTRY) irginia	FOREIGN 7	U.S.	what country? $oldsymbol{A}$.	8 MARRIEI WIDOWE	D NEVER /	MARRIED .			more		• MD.
	altimore		(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET HOME			TITUTION	(TYPE OF WO	OCCUPAT RK FOR MOST C Dani	F WORKING LIFE)	INDUSTRY	-Empl.
USU/ 13a. S	AL RESIDENCE JIF NUR STATE Md.	136 COUNT		Baltimo	/N	13d INSIDE C	NO 🗌	13e. STREET 40	ADDRESS	Patte	rson	ParkA
14. FA	THER'S NAME		IDDLE	LAST		15. MOTHER	S MAIDEN NAM	ΛE	MIDDLE	4/3/5/	LA	157
	Capron		G.	Hart		M	aria				Davi	S
16a V	VAS DECEASED EVER		NED FORCES?	166. SOCIAL SECU	IRITY NO.	17. INFORMA	NT 404	S.	Patt	erson	Park	Ave.
	YES, NO OR UNKNOWN)			217-22-	-8463	A-Mrs					et B	Calto Mo XIMATE INTERVAL I ONSET AND DEATH
NOIN	Conditions, if ony gove rise to im couse 10%, stori underlying cous PART 2. OTHER SIG	mediate ng the e last.		FRACTU	RE OF	RIGH	T HIP		SE OR CON		N IN PART 1	4-23-11
CERTIFICATION					OFERATIO		35 5	YES 🗆	мо.	IN CERTIFYI YES	NG CAUSES	S OF DEATH?
	21a. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER, NOTIFY MEDIC	CAUSE OF DEAT		FINJURY M. MONTH D. M.	AY YEAR	21c. HOW IN	JURY OCCURRI					
MEDICAL	21d. INJURY OCCUR	VHILE	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, F	FARM, ETC.)	211 LOCATION STREET	MACO TOWN	trace	2700	DICHL EXAMIN	COUNTY	STATE
	22a.l certify that (1 saw the deco				MAY 79, or		our opinion d	Uto death occurr	MAY red on the d	18, 19 ote and hour c	, 79 and from the	that (I) we lost couses stated
	224 SIGNATURE	fore	Ced	all.			ATTENDING PHYSICIAN				5/	18/79
	WALKER	U		ATELLI,	M.D.		SCHURC N. BRO					
23a. E	BURIAL, CREMATION SPECIFY) BUT	ial	235. DATE 5/21/	79 Lo		Park	Cemet	ery-l	ORTOWN	more.	Mar	yland
24 FI	UNERAL DIRECTOR	3000 E	4. Moran Baltimo	, Incappess			MAY	2 1 19	REGISTRAR	AN RECISTRA	MEE'S	TUE

3000 E. Baltimore St.

BP

DHMH-16 50M 7/77 (VR A 15 (4))

Capron G. Hart Harts Party Party Ans.

Wo ---- 217-22-4634-4rs. Elegany Early Entert Bulto.Ed.

Wo ---- 217-22-4634-4rs. Elegany Englishment Statement Bulto.Ed.

Elegany Englishment Statement Stat

Purial 5/21/79 Loudon Park Jemeterny-Baltingre, Naggland

- STATE

REGISTRAR

24 FUNERAL DIRECTOR

NAME

DHMH - 16 50M 7/77

(VR A 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2b. HOUR

197

UTY

INDUSTRY

12b. KIND OF BUSINESS OR

GAS & RLECTRIC

RD .- EAST.

NO F

STATE

STATE

COUNTY

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

22c. DATE SIGNED

.O:15A

IF UNDER 24 HRS HOURS

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	2171-01-01			
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week and the second	aprillarity.	# 5-50/v - N	VUAT	
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

9-11355

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2g. DATE OF DEATH DECEASED NAME YEAR 2b. HOUR (TYPE OR PRINT) 79 Odie 5 Elizabeth Elevey 3. SEX 4 RACE & AGE IN YEARS LAST BIRTHDAY IF UNDER 1 YEAR IF UNDER 24 HRS MONTH DAY YEAR HOURS Female Black 58 9 BALTIMORE CITY OR COUNTY OF DEATH 70 BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY DIVORCED

WIDOWED 10 CITY OR TOWN OF DEATH

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Lutheran Hospital

Baltimore City 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13b. COUNTY 13c CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? Md. Baltimore 1613 Thomas Ave. YES X NO 15. MOTHER'S MAIDEN NAME

4. FATHER'S NAME MIDDLE LAST John Turner

(IF YES, GIVE WAR OR DATES)

16b. SOCIAL SECURITY NO

216-30-7893 Herbert Elevy 1613 Thomas Ave.

17 INFORMANT

Estelle

ADDRESS

LAST

Turner

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if onv. which gove rise to immediate couse to, stating underlying couse lost BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/a

Baltimore

No

19b CONDITION FOR WHICH OPERATION

MIDDLE

20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH?

21b. TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING __ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21e PLACE OF INJURY

19 21f LOCATION

NO 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

and that in the (our) opinion death occurred on the date and hour and from the causes stated

21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK

22a.1 certify that (1) (this hospital) attended the deceased from

CITY OR TOWN

COHNTY STATE

22c. DATE SIGNED

sow the deceased alive on. above, (1) (and) (did not) view the body after death 22b. SIGNATURE

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

DEGREE

ATTENDING: MEDICAL PHYSICIAN

STAFF DIRECTOR PHYSICIAN

YES

23g, BURIAL CREMATION, REMOVAL (SPECIFY

22d. PHYSICIAN'S NAME (TYPE OF PRINT)

Burial

SHAFI

2 300 231. NAME OF CEMETERY OR CREMA

City Cemetery

22e. ADDRESS

Thomasville,

DHMH - 16 50M 1/76 (VR A 15 (4))

24 FUNERAL DIRECTOR Wm. C. March F/H 1101 E. North Ave.

5/13/79

23b. DATE

25a. DATE REC'D

N. C.

62611-37		
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WM. C. MARCH F/H 1101 E. North Ave

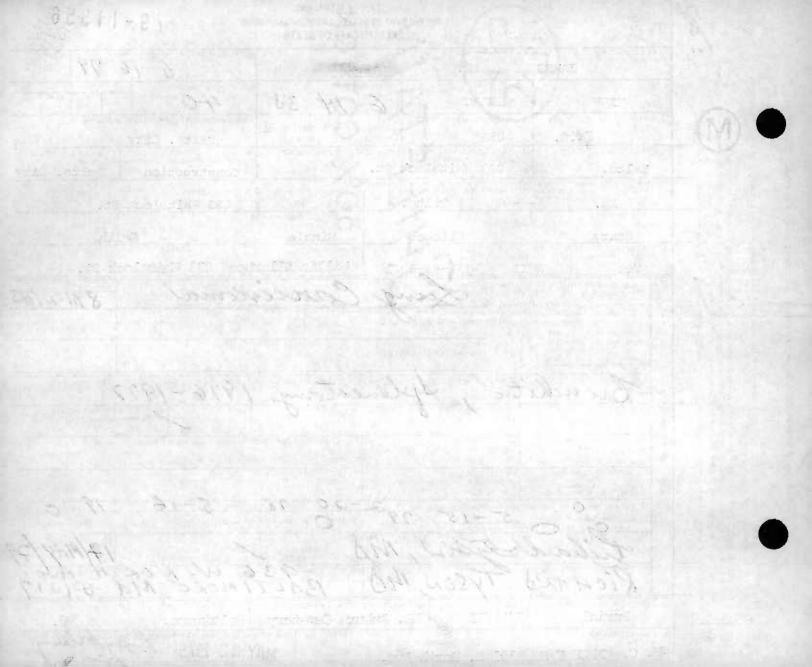
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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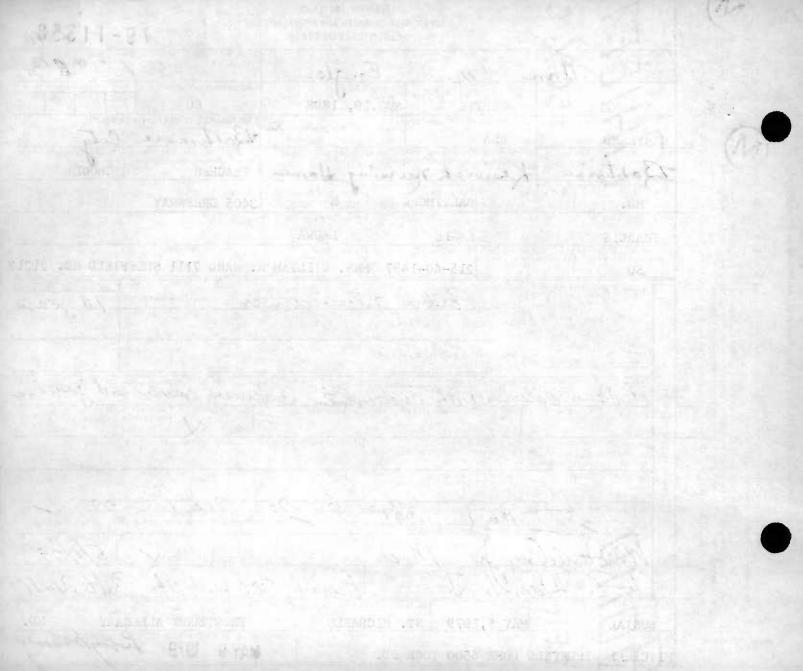
- STATE

79-11356



	STA	TE	0F	M	ARYL	AND	
DADTMENT	OF	ME	ALT	141	AMD	MENT	1

20	1-	FOR STATE REGISTRAR		DEPAR		EALTH AND MENTAL HYC	GIENE REG. N	79-	1135	7
	1. DEC	CEASED NAME FIRST OR PRINT) Vina	inia	MIDDLE	C.	mons	May 37.	MONTH DAY 1979	YEAR 26	HOUR
rs offers.	3. SE		4 RACE Whi	te	Sept.	DAY YEAR	6. AGE (IN YEARS LAST BIR	THOAY) IF UI		UNDER 24 HRS OURS MIN
within 72 hoursiled of once.	150	RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF USA	WHAT COUNTR	Y? II. MARRIE WIDOWE	D. NEVER MARRIED	9 BALTIMORE CITY S Baltimo	C	DEATH	MD
potition 13	1	or town of DEATH	South	Balto. 9	ent address)	oital	Seamstress		26 KIND OF B NOUSTRY Hat (USINESS OR
oluos m.	Mari	uyland	MOITUTITZMI REHTO ROBE YTMUC	13c. CITY OR TO Paltimo	WN	136. INSIDE CITY LIMITS?		tings St	.Balto	.Md.
exomin		THER'S NAME Harry	MODLE	Musgro		15 MOTHER'S MAIDEN NA Katherii	ne		Sultiv	an
ers. Pages al. the medical		/AS DECEASED EVER IN U.S es, no or unknown) (IF yes,	ARMED FORCES? GIVE WAR OR DATES)	220-05	-	Mr. Robert E.	Emmons, Same		APPROXIMAT BETWEEN ONS	
ta burial, crematian, a njury, ar other trauma	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	(b)	DR AS A CONSEC	DUENCE OF	Myo cursus NOT RELATED TO THE TERM	al elufur	elijn IDITION GIVEN	IN PART 1(a)	duy
giene prior	CERTIFICATION	196 DATE OF OPERATION		ONDITION FOR WHICH OPERATION WAS PERFORMED			20c AUTOPSY?	20b. IF YES, W IN CERTIFYING YES	G CAUSES OF	
riol-trans tental Hyg Item 18 s	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (# EITHER, NOTIFY MEDICAL EXAMI	DEATH HOUR A	.m. MONTH	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18, PART 1	OR PART 2)	
th and M	MED	21d. INJURY OCCURRED WHILE DOT WHILE DAT WORK	21e PLACE I AT HOME, ST	OF INJURY TREET, FACTORY, OFFIC	E, FARM, ETC.)	21f LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
ed for use of of Heal		270.1 certify that (1) (this has sow the deceased alive above, (1) (we) (did) (did) 27b. SIGNATURE	on 5-2	3/ 19	79 .01	nd that in (my) (aur) apinian	death occurred on the d	. 17_	/	
be detache e State Dep TANT: If he		224 PHYSICIAN'S NAME (TO	A Lat	Lod		ATTENDING	MEDICAL STA		6 -	2-79
MPOR MPOR	720 0	URIAL, CREMATION, REMO		LOD	NAME OF C	DOD FOR	1234 LOCATION	BAL	TO. M.	D 2123
	(:	Burial	June 4			ne National (ent. Balti		Mary!	and
H-16 20M 15, 4) 7/78	24. FL	ineral director dully Funera	L Home, 13	30 E. FOR	t Ave.L	Balto. Md. 1250. DA	V 5 1979	25b. REGISTRAR	SSIGNATORI	ody



requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The law etoined by the hospital or attending physician. the offending physicion

TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physici should be detached for use as the burial-tronsit permit. Then please remove corbangopes with the State Dept. of Health ond Mentol Hygiene prior to burial, cremation, or removal.

natified of ance.

medical exominer

injury, or ather traumatic event, the

IMPORTANT: If Item 21 is marked or Item 18 shows ony

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-11359

-				REG. NO.	
	I. DECEASED NAME	IRST MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 2b HOUR
	(TITE OK PRINT)	NHO	EY	5 2	4 79 9:00Am
1	3. SEX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
П	MALE	Panalin	MONTH DAY YEA		MONTHS DAYS HOURS MIN
		CRUCASIAN	DEC 19, 1900	YRS.	
	70. BIRTHPLACE (STATE OR FOREN	Th. CITIZEN OF WHAT COUNTR	Y? 8 MARRIED ANEVER MARRIE	9 BALTIMORE CITY OR COUNTY	OF DEATH
5	NO	OSA	WIDOWED DIVORCE	DISAGIMORE	CITY MD.
	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRI	SING HOME OR OTHER INSTITUTIO	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	126, KIND OF BUSINESS OR
71	PSALTILANIR C	MERCY HOSP		LA BONG GO.	COSHIESTES
4	USUAL RESIDENCE (IF NURSING	HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEF		1-4801-0	Company
	13a STATE	COUNTY 13 CITY OR TO	44444	ITS? 13e STREET ADDRESS	Fr.
2	1010	MALTI	YES NO L	Ing chevery	//
	14 FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAID		1467
O.	60015	EY	15A2	elle It	eeman
	160 WAS DECEASED EVER IN		CURITY NO. 17. INFORMANT	ADDRESS.	
П	(YES, NO OR UNIX OWN) (II	YES, GIVE WAR OR DATES)	ORIEN CHURNI	Vemeck, 350PFALETT	- France
		M 6-50	0700111	Child Colling The Party	CJ1. 71
1	PART I, DEATH WAS	Enter anly one cause per line for (a), (b),			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		MEDIATE CAUSE (a) MYOCK	HODIAL INFARCT	T DO U	
	1412	DUE TO, OR AS A CONSEC	DI JENICE OF		
	Conditions, if ony, w		SCIEROTIC CAR	DIOVASCULAR DISCA	SE
	gove rise to immed	iate			
1	cause (a), stating underlying cause	the DUE TO, OR AS A CONSEC	DUENCE OF		1400
П		(c)			
1	PART 2. OTHER SIGNIFI	CANT CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO TH	E TERMINAL DISEASE OR CONDITION GIV	EN IN PART Tra
	NO LATE OF OPERATION S 210. ACCIDENT WAS UNDERL	The second secon			
	5 190 DATE OF OPERATIO		TH OPERATION WAS PERFORMED		, WERE FINDINGS USED YING CAUSES OF DEATH?
	E 52179	COMPLETE HE	GART BLOCK	YES NOTH YE	
H	210. ACCIDENT WAS UNDERL		21c HOW INJURY C	CCURRED (ENTER NATURE OF INJURY IN ITEM 18, P	
Н	00.00.100.00.00.00	SEOF DEATH HOUR A.M. MONTH	DAY YEAR	,	
П	(IF EITHER, NOTIFY MEDICALE:		19		
-1	21d. INJURY OCCURRED	(AT HOME STREET FACTORY OFFIC	E, FARM, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
1	AT WORK NOT WHILE		-1	70 -1 -1	
1	22a. I certify that (1) (th	is hospital) attended the deceased from	3 10	19 10 3 24	19, that (I) (we) lost
	sow the deceased of	olive on 5 24 19	, and that in (my) (our) a	pinion death occurred on the date and hou	
- 1	above, (1) (we) (did)	(did not) view the body after death.	DEGREE		
	228. SIGNATURE	how & head		ING MEDICAL STAFF	22c. DATE SIGNED
╝	prega	cerc n. right		IAN DIRECTOR PHYSICIAN	3/27/17
	274 PHYSICIANIS NAME	(TYPE OR PRINT)	22e. ADDRESS		110 00000
	STEPH	GNI K. DYAL	301 8	r. PAUL PL. BAUTO	MD 21202-
-	230. BURIAL, CREMATION, REA		C NAME OF CEMETERY OR CREMA		
	GREEFY]	MOVAL 23b. DATE 23	TOL AND OF CEMETERS OR CREAMA	A TIP OP TOWN	POUNTS of LISTATE of
	130RIAL	0/20/1/	MK CHOOK CE	VV. IJACTO CO. 1	12. 21224

DHMH - 16 50M 1/76 (VR A 15 (4))

LECENT FOWERAL HOME, BALD. M.D. 21206

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Contract of the second of the LINDS OF THE LINE ARCTION. ATHER SHEET CHEST PROBLESSENTE STATE THEN SEALS be tele to or the teles Sugales & Ford 40 STEPTION X DITTE STEP AT HIM PE BILLIO, NO STEPE Carried State of the State of t attending physician and completely filled in by the ave carbon papers. Pages 1 and 2 shauld be filed

and Mental Hygiene prior to burial, certificate has been

marked ar Item 18

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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O.		-				_		

- STATE REGISTRAR	3	CERTIFICATE OF DEATH	REG. NO. 79	-	361	0
(TYPE OR PRINT) MYER	(MEYER)	EZRINE	MAY 28	1979	26. HOU	R
3. SEX	4 RACE	5. DATE OF BIRTH		FUNDER I YEAR	IF UNDER	24
MALE	CANOASIAN	FEB. 2'ND 1896	83 YRS	ONTHS DAYS	HOURS	٨
To. BIRTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	BALTIMORE CITY OR COUNTY	OF DEATH		
MARYLAND	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	CITY			
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME OR OTHER INSTITUTION	128 USUAL OCCUPATION	12b KIND O	F BUSINE	SS
BALTIMOKE	WINDAUE HEBREW	CERIATRIE HOSPITAL	FURRIER		HOP	

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 130 STATE 13b COUNTY APT. 313 BANTIMERE GOI FORD LANE 15 MOTHER'S MAIDEN NAME MIDDLE EZRINE ANNA UNKNOWN CHARLES 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES?

CHARLES S. EZRINE 5000 WABASH AVE. #21215

PART I. DEATH WAS CAUSE	ly one couse per line for (a), (b), and (c) D BY: E CAUSE (a)	APPROXIMATE INTERVA BETWEEN ONSET AND DE
Conditions, if any, which	DUE TO, DEAS A CONSEQUENCE OF A WI HEATIL METASTASIS	
cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF	

ICAT	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTC		20b. IF YES, WERE FIND IN CERTIFYING CAUSE	
Ë				YES 🗌	NO	YES	NO 🗌
AL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCURRE	D (ENTER NA	TURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2}	
EDIC,	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 19 21e PLACE OF INJURY	21f. LOCATION				
ME	WHILE CO NOT WHILE CO	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	STREET		CITY OR TOW	N COUNTY	STATE

220.1 certify that (this haspital) attended the deceased fro saw the deceased alive ar (aur) apinion death accurred on the date and hour and from the causes stated

abave, (we) (dic

22b. SIGNATURE DEGREE ATTENDING MEDICAL DIRECTOR PHYSICIAN

22e. ADDRESS

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

FOR

	CSTREUTA (o. Ku	LEVINGALE HEE	HEW GERIATKIE	CONTER	tho al
	230. BURIAL, CREMATION, REMOVAL		23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE
ļ	BURIAL	MAY 30,1979	MOSES MONTEFIORE	BALTIMORE	MARY	YT ANI

24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC.

6010 REISTERSTOWN RD BALTO. MD 21215 JUN 1 1979

MARYLAND

DHMH - 16 50M 1/76 (VR A 15 (4))

BP

TO FUNERAL DIRECTOR:

shauld be detached with the State Dept.

MPORTANT: If he

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FOR STATE

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DEPARTMENT OF	HE	ALTI	HAND	ME

PARTMENT OF HEALTH AND MENTAL HYGIENE

NO.	9	_	1	1	3	6	
NO.	0						

REG	ISTRAR				CATE OF DEATH	REG.	NO.		
1. DECEASE		FIRST	MIDDLE	LA	ST	20. DATE OF DEATH	MONTH D	AY YEAR	26. HOUR
		HENRY	ALBERT	FAI	BER		MAY 8,	1979	8:00A
3 SEX		4.1	RACE	5. DATE OF	DAY YEAR	6. AGE (IN YEARS LAST B		ONTHS DAYS	IF UNDER 24 H
	MALE		WHITE	DECEN	BER 9,1889	89	YRS.	ON INS	NOOKS AND
	ACE (STATE OR		CITIZEN OF WHAT COUNTRY?	8 MARRIED	□ NEVER MARRIED □	9. BALTIMORE CITY	OR COUNTY	OF DEATH	91.911
	IMORE,		U.S.A.	WIDOWED			BALTIM		
BALT	IMORE,	D. /	NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET 6200 EAST	ERN AV		120. USUAL OCCUPA (TYPE OF WORK FOR MOST RET IRE			SHOE'S ACTURE
13a. STATE		RSING HOME OR OTH	HER INSTITUTION, GIVE RESIDENCE BEFOR	E	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 6200 E	ASTERN	AVE.#2	1224.
14 FATHER	S NAME FIRST ALBI	ERT FÄ	LAST		IS. MOTHER'S MAIDEN NA	ISTA GRIF		LAS	
160 WAS DI	ECEASED EVE ORUNKNOWN)	R IN U.S. ARME (IF YES, GIVE WA			17 INFORMANT FREDERICK H.	FABER ADD	BALTO.	,21224	
e vnde	-	SNIFICANT CON	DUE TO, OR AS A CONSEQUE (c) VDITIONS CONTRIBUTING TO 1	DEATH BUT N	odder .				
TIFIC	ATE OF OPER		196 CONDITION FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPSÝ? YES NO		WERE FINDING CAUSES	
OR CO	HER, NOTIFY MED	CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH D, P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	19	216 HOW INJURY OCCUR 211. LOCATION STREET	RED (ENTER NATURE OF IN.		COUNTY	STATE
\$ 50°C	ow the deced	sed olive on	ew the body ofter deoth.		, 19.77 I that in (my) (our) opinion EGREE	deoth occurred on the	dole and hour	ond from the	
72.4 D	HARICIENICE	NAME (TYPEOR PA	(A)		ATTENDING PHYSICIAN (22e ADDRESS	MEDICAL ST DIRECTOR PHYS	AFF ICIAN 🗌	5/	7/79
22 U. F	()	JAMES	KEOGH		6216 EAS	TERN AVE.,	BALTO.	, 21224	,MD
236. BURIAL (SPECIFY)	, CREMATION BUR	RIAL	23b. DATE 23c. P		METERY OR CREMATORY AWN CEMETERY	7225 EAS	TERN BI	LVD	STATE
24. FUNERA	LDIRECTOR	Quiler .	Son, Due BALT	EASTE 0.,212	DIN AVE A WOL	WET OF THE TOP A	R 25b Mics 1919	New YEARS NOW	out of

DHMH - 16 50M 7/77 (VR A 15 (4))

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in the land of the	enarte matrical		
erric monthly		shed.	VIII CONTINUE
AUDITORY OF THE STREET	N. 2010 (11) 1872 (11)	6200 24	g = g
CONTRACTOR AVI. STREET	x in	mital	g
Marchine Ad	areus -		a wearn
. To office ELD			
AVIA STANK . P. ZIZZIO ES	fear him		sant.
7225 Yearad Mayo, parto, po or principal			Delaid Delaid

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Ι,	REGISTRAR			ERTIF	ICATE OF DEATH	REG. N		9-11:	302
	ECEASED NAME FIRST	MI	ODIE	L.	AST		HINOM	DAY YEAR	2b. HOUR
1 "		ALD 3	J.	F	ABRE		5	5 79	M
3. 51	EX	4 RACE	5.	DATE O		6 AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER TYEAR	IF UNDER 24 HRS
	MALE	BLACK		8	4 1940	38	YRS	MONTHS DAYS	HOURS MIN
	BIRTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF W	HAT COUNTRY? 8	AA A DDIE C	NEVER MARRIED	9 BALTIMORE CITY O	R COUN	TY OF DEATH	
	ouisianna	USA		/IDOWE	37.	BALTIM	ORE	CITY	MD.
_	CITY OR TOWN OF DEATH		OSPITAL, NURSING I	HOME O	R OTHER INSTITUTION	120 USUAL OCCUPATI			OF BUSINESS OR
В	altimore	41013	Fernhil.		ve.	(TYPE OF WORK FOR MOST O	WORKING	LIFE) INDUSTRY	
130	JALRESIDENCE (IF NURSING HOME STATE 136 CO aryalnd	UNTY	BIVE RESIDENCE BEFORE ADI 136 CITY OR TOWN Baltimore	1	138. INSIDE CITY LIMITS? YES 🔯 NO 🗌	13. STREET ADDRESS 41012 Fe	rnhi	ll Ave	
14 F	ATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NAM	MIDDLE			
	Jules	MIDDLE	Fabre		Norma	MIDDLE		Per	rie
160	WAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECURIT	Y NO.	17 INFORMANT	ADDRE	\$5	-// 10-2	
	O (TES, NO OR DINKNOWN)	SIVE WAR OR GATES)	212-36-5	320	Jules Fabr	re 4581	Derk	y Mano	r Dr.
	18 CAUSE OF DEATH (Enter	only one couse per l	ne for (o), (b), and (c	41				APPROXI BETWEEN	MATE INTERVAL
1	PART I. DEATH WAS CAU	SED BY	Huner		hroma a	ith =	7		
	1890		11			1 1 .			
	Conditions, if ony, which	DUE TO, OR	AS A CONSTOUENCE	110	usive me	tasto):	>		
	gove rise to immediate couse (o), stoting the	(0)	AC A CONICE OUTEN	C OF	77				
	underlying couse lost	DOE 10, OK	AS A CONSEQUENC	.c Or					
	PART 2. OTHER SIGNIFICAN	T CONDITIONS COL	NTRIBUTING TO DEA	TH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR CON	DITION G	IVEN IN PART 10	0
N N									
CERTIFICATION	190. DATE OF OPERATION	19b. CONDIT	ION FOR WHICH OP	ERATION	N WAS PERFORMED	20a AUTOPSY?		ES, WERE FINDIN	
E						YES NO		YES	NO [
1 8	210. ACCIDENT WAS UNDERLYING	LIOUR AM		VEAD	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	Y IN ITEM 18	B, PART 1 OR PART 2)	7
1 ×	OR CONTRIBUTING CAUSE OF I	DEATH	. MONTH DAY	19					
MEDICAL	21d INJURY OCCURRED	21e. PLACE O	FINJURY		21f. LOCATION	CITY OR TOV		COUNTY	STATE
2	WHILE NOT WHILE AT WORK	(AT HOME, STREE	ET, FACTORY, OFFICE, FARM	, ETC.)	SINCE	CITY OR TOV	//4	COONIT	SIATE
	22a I certify that (I) (this has	spital) attended the	deceosed from			, to		. 19	that (I) (we) last
	sow the deceased alive above, (I) (we) (did) (did	on 5 5	fter death	on De	d that in (my) (our) opinion d	death occurred on the de	te and ha	our and from the	couses stated
1	22b. SIGNATURE A	1	,	1	DEGREE			22c. DATE	SIGNED
	(badh)	u ru	15	,	ATTENDING PHYSICIAN	MEDICAL STAI	IAN 🗌		
1	220. PHYSICIAN'S NAME (TYP	E OR PRINT)	- 1		22e ADDRESS	1 6		1 10	, 6
	000	dim	I-UKS	119	13CKC	, Universi	ty	of Mari	land.
	BURIAL, CREMATION, REMOV.	AL 23b. DATE	23c NAA	AE OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN		COUNTY	STATE
	Burial	5/9/19	79 Woo	dlav	vn Cemetery	Baltimo	re, N	Maryland	

IMPORTANT: If Item 21 is should be detoched for with the Stote Dept. of

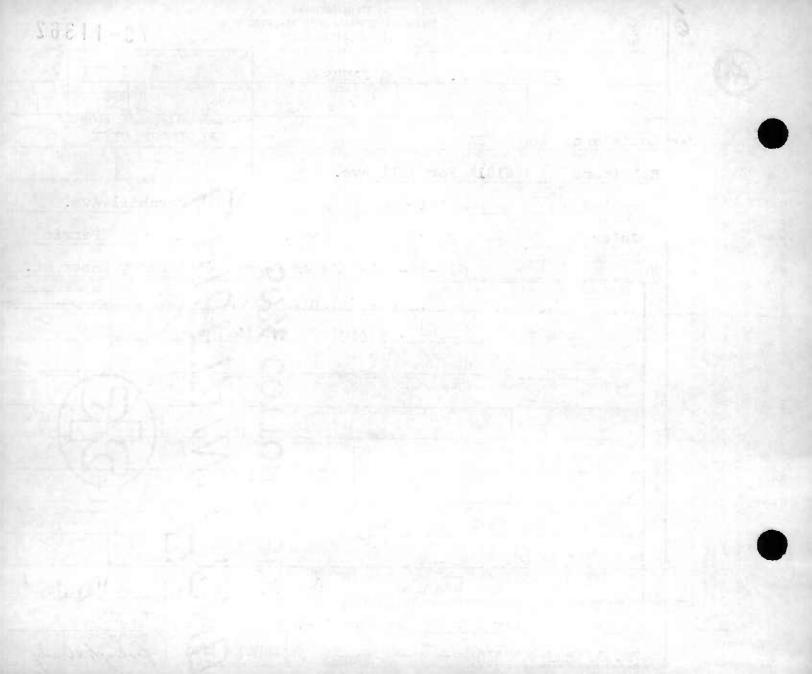
DHMH - 16 50M 1/76 (VR A 15 (4))

24 FUNERAL DIRECTOR

C. March F/H 1101 East North Avenue

MAY

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	FOR STATE REGISTRAR		DEPART		IEALTH AND MENTAL HYGI	IENE REG. N	79-	1131	63	
	CEASED NAME FIRST E OR PRINT)	lmer Gr	ay	FAI	R	May 7,	1979	AY YEAR	8:1	<u>B</u> "
3. SE	Male	Cauca	sian	5 DATE C	2/19 ^{PAY} 00 YEAR	6. AGE (IN YEARS LAST BIR	YRS	ONTHS DAYS	IF UNDER 2	
C	IRTHPLACE (STATE OR FOREIGN OUNTRY)	USA	WHAT COUNTRY?	WIDOWE			. City			MD.
Bal	ITY OR TOWN OF DEATH Lto/City	(IF NOT IN SUC	Public]	Heal	th Service	(TYPE OF WORK FOR MOST OR Retire	OF WORKING LIFE)	126 KIND C INDUSTRY	F BUSINES	SSOR
USU 13a	AL RESIDENCE (IF NURSING HOME OF STATE 136 COL	OR OTHER INSTITUTION, JNTY	130 CITY OR TOW Balto.	E ADMISSION)	13d INSIDE CITY LIMITS? YES K NO	3612 Ke	swick	Rd.		
	ATHER'S NAME FIRST Henry	M .	Fair		Sara	MIDDLE		Kol		
	WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	ARMED FORCES?	213-05		17 INFORMANT Records-	US PHS H		al	IMATE INTERV	
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, O		obul	ural effusio	on		Weel Weel	ks	
CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH		NOT RELATED TO THE TERMI	20a AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	NGS USED	H?
MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	R) HOUR A	M. MONTH DA M.	19	214 LOCATION STREET	ED (ENTER NATURE OF INJU		COUNTY	STA	NTE
	27a.) certify that (- (this has sow the deceased aliverable). (1/we) (did) (do) 27b. SIGNATURE	98-88	ofter death.	01	nd that in (my (our) opinion d DEGREE ATTENDING	, to		ond from the	SIGNED	ted
	22d. PHYSICIAN'S NAME (TYPE Eugene Lu	or PRINT) Indy, MI	ey lin	0	PHYSICIAN _	n Parkwa	CIAN 📑	-	/8/79	9
23a.	BURIAL, CREMATION, REMOVA SPECIFY) WILLIAM	236. DATE 5/11/			emetery or crematory	23d. LOCATION		ilto.	Md STAT	TE

RGB

DHMH - 16 60M 1/75

TO FUNERAL DIRECTOR: After the should be detached for use as the lewith the State Dept. of Health and

injury, or other troumotic

and Mental Hygiene prior to burial,

MPORTANT: If Hem 21 is marked or Hem 18 shows ony

(VR A 15 (4))

24 FUNERAL DIRECTOR

Burgee Funeral Home 3631 Falls Road 21211

250. DATE REC'D. BY REGISTRAR TO SECULIAR S SUS NA DRE



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FOR

DEPARTM	ENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE REG. NO	79.	-11	367
		AST PILL CO	20. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
les	1-	EEHLY		5 29	18	4.45 AM
ite	5. DATE C		6. AGE (IN YEARS LAST BIRTI	HDAY) IF L	THS DAYS	HOURS MIN
T COUNTRY?	WIDOWE		9. BALTIMORE CITY O	~ore	City	MD.
LITY, GIVE STREET AL	DDRESS)	Hospital	OP:	WORKING LIFE)	126 KIND O INDUSTRY Race	F BUSINESS OR Track
RESIDENCE BEFORE A CITY OR TOWN LI timor	1	13d. INSIDE CITY LIMITS? YES MO	13e. STREET ADDRESS 120 E. 2	Balt., 5th Str		21218
reehly		15. MOTHER'S MAIDEN NAMER FIRST Anna. 17. INFORMANT Wife	Marie ADDRE	SS Balt.		21218
17-09-18	841	Dorothy H. Fe	ehly 120	E. 25th		
or (a), (b), and	Lec	Tion			APPROXI BETWEEN C	MATE INTERVAL DNSET AND DEATH
De Cu	luit	us ulcer				
A CONSEQUEN	OF OF	Calon				
IBUTING TO DI	EATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR CONE	OITION GIVEN	IN PART 1(o	45
FOR WHICH C	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES [IG CAUSES	

25a. DATE REC'D. BY REGISTRAR 21h

JUN 1

ISTRAR'S SIGNATURE

1 - STATE REGISTRAR DECEASED NAME (TYPE OR PRINT) WILLIAM Char SEX 4 RACE Male TO CITIZEN OF WHA Delaware filled in by tauld be filed Monte JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE 13g. STATE 136 COUNTY Ba Maryland etely 12 sh L FATHER'S NAME MIDDLE Daniel J. 60. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 2 Yes WW II CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). Canditions, if any, which gave rise to immediate couse (a), stating DUE TO, OR AS underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTE CERTIFICATION prior 190 DATE OF OPERATION 19b. CONDITION and Mental Hygiene shaws certificate 216 TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) Item 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21f. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY marked ar CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 220.1 certify that (1) (this haspital) attended the deceased from that (I) (we) last m 21 sow the deceased plive on. that in (my) (our) opinion death accurred an the date and hour and from the causes stated đ obove, (1) (we) (did) (did nat) view the body after death TO FUNERAL DIRECT should be detached for with the State Dept. 226. SIGNATURE DEGREE MEDICAL ATTENDING IMPORTANT: IF DIRECTOR | PHYSICIAN 22e ADDRESS 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE Baltimore Moreland Memorial Maryland Entombment May 31

Baltimore, Maryland

DHMH - 16 50M 7/77 (VR A 15 (4))

24 FUNERAL DIRECTOR

Leonard J. Ruck, Inc.

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bunification exemption	estable to establish	Marie Commission and and		

(08)	1,	FOR STATE		DEPART	AENT OF H	OF MARYLAND EALTH AND MENTAL HYG	SIENE	70 - 1	368
化国語,3		REGISTRAR				CATE OF DEATH	REG. NO.	13-11	300
eo o		CEASED NAME FIRST ELVA	,	VIDOLE		ETE	MAY 21	1979	10:38A
ctor, pages after dec	3. SE	x emale	4. RACE . White		5. DATE O	F BIRTH 1908	6. AGE (IN YEARS LAST BIRTHOAY	MONTHS DAYS	
72 hour	(IRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9. BALTIMORE CITY OR CO	OUNTY OF DEATH	MD
opified of	10. 0	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME O	ROTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO Funeral Dir	RKING (IFE) INDUSTRY	OF BUSINESS OR
must be fil	USU 13a.	AL RESIDENCE (IF NURSING HOME O STATE 136 COU	ROTHER INSTITUTION, NTY lerick		N	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 19 West B S		0101
ominer n		ATHER'S NAME FIRST	MIDDLE	LAST	J.K	15. MOTHER'S MAIDEN NA		14	.51
edicol exominer	140	TEARC WAS DECEASED EVER IN U.S. AF		rubaker	DITY NO	Mollie 17. INFORMANT	ADDRESS	Null	21716
medic		YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR OATES)	213-50-			e Petersvill	e Rd. Bru	nswick
int, the		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly ane couse per ED BY:	line for (a), (b), an	Hea	rt Failure		BETWEEN	XIMATE INTERVAL I ONSET AND DEATH
ofic eve		4/40 IMMEDIA	TE CAUSE (a)						
ofian, froumd		Canditions, if ony, which gove rise to immediate	(b)_	ather	oscu	notic Hear	& visease		
or other t		cause (a), stating the underlying cause last.	DUE TO, O	R AS A CONSEQUI	NCE OF				
ijury, or	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITIO	ON GIVEN IN PART 1	(a)
vs ony in	CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	IN IN	LIF YES, WERE FINDS CERTIFYING CAUSES	S OF DEATH?
18 shows	CERTI	210. ACCIDENT WAS UNDERLYING		MONIH D.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	YES TEM 18, PART 1 OR PART 2)	NO []
Hem /	MEDICAL	OR CONTRIBUTING CAUSE OF OTHER OF OTHER OF OTHER OF OTHER OF OTHER OF OTHER OTHER OF OTHER	1058	M. 5 Z	19	211 LOCATION			
ked or	MEC	WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, STI	REET, FACTORY, OFFICE, I	ARM, ETC.)	STREET	CITY OR TOWN	COUNTY	STATE
is mor		22a.1 certify that (I) (this hosp	- 14 FA	e deceased fram	79	d that is (my) (our) opinion	deoth occurred an the date of		, that (1) we lost
Dept. of		obove, (1) (we) (did) (did no 22b. SIGNATURE	ot) view the body	otter death.		DEGREE	dediti occorred dil tite dolle d		E SIGNED
		BEPULLT	nil C	w	(D)	ATTENDING PHYSICIAN [MEDICAL STAFF	A 5	121 (70
with the State		22d. PHYSICIAN'S NAME (TYPE O	S(N))		22e. ADDRESS	ins Hospi	ital	
3 ≧		BURIAL, CREMATION, REMOVAL (SPECIFY)				EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN Middletown	Frederic	k Md.
A7/77		UNERAL DIRECTOR	ray 2	BRUN	SWICK	ed Cemetery	TE REC'D. BY REGISTRAR 25b.	REGISTRAR'S SIGNA	TURE
(4))	13	REGORU A. MI	DRE F	ETERSULL	LE RY	21716 111	AY 2.9 19/9	perfrage / 100	way.

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norg. 13. propins o Poteravillo 36. Brunshi	took I soot	MARCO NO. 1 N		

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g physician and completely filled in by the funeral anpopers. Pages 1 and 2 should be filed within 72

ottending physici

10 FUNERAL DIRECTOR. Affer this certificate has been signed by the ottending physics should be detached for use as the burial-transit permit. Then please remove carbon pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or attending physicia

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

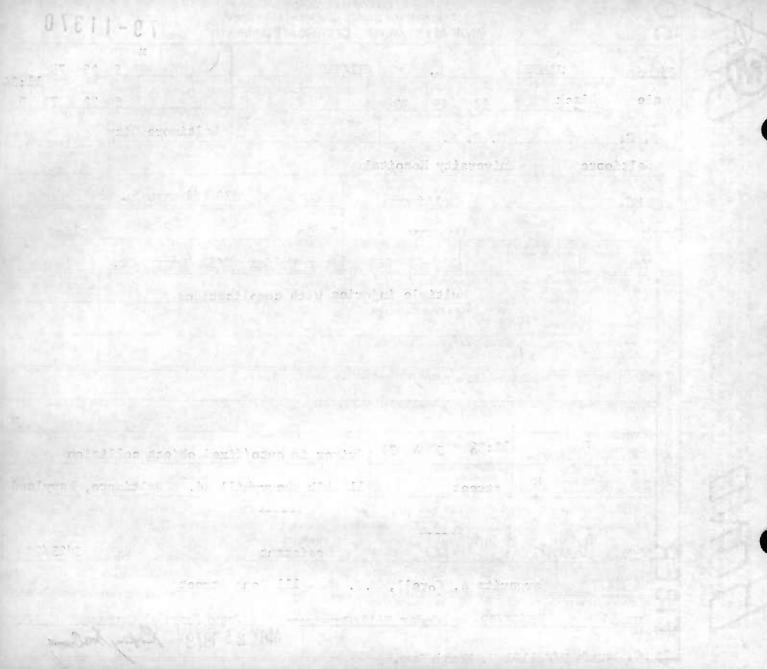
REGISTRAR 1. DECEASED NAME FIRST		DEFARIN		EALTH AND MENTAL HYG ICATE OF DEATH	1 9	1-11369
		NIDDLE	L.	AST 4	REG. NO. 20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
(TYPE OR PRINT) Oscar		J. 🔻	T.	eilinger	K-	19-70 113091
3. SEX	4 RACE	J, v	S. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
Male	White		Mare	DAY YEAR		MONTHS DAYS HOURS MIN.
7BBIRTHAGE STEE OR FOREIGN		VHAT COUNTRY?	9		77 years YRS.	Y OF DEATH
/ -				NEVER MARRIED		
Hungry-Austria	U.S.A		G HOME C	D DIVORCED DIVORCED	Baltimore City	
Poltimana /		FACILITY, GIVE STREET A			12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	
Baltimore USUAL RESIDENCE (IF NURSING HOME OR 136. STATE		nes Hosp			Chipper-Caulke	r Sparrows Pt.
The same of the sa				13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	
Md. Balt:	Lmore	Woodlawn	n	YES NOXX	6412 Lehnert S	treet 21207
FIRST	MIDDLE	LAST		FIRST	WIDDLE	LAST
John 16a WAS DECEASED EVER IN U.S. ARA	HED EODCESS I	Feiling		Julia 17. INFORMANT	ADDRESS	Heide
(YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)			Annual Control of the	ADDRESS 212	
NO		705-10-1	151/	Bernice Feili	nger, 6412 Lehne	ert Street
18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE	ly one couse per l D BY.		rdio	1	,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	(c)					
				NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GI	IVEN IN PART 1(b)
					20s. AUTOPSY? 20b. IF YE	
190. DATE OF OPERATION 21g. ACCIDENT WAS UNDERLYING	19b. CONDIT	FINJURY A. MONTH DA	OPERATIO	N WAS PERFORMED	20s. AUTOPSY? 20b. IF YE	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? (ES
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	19b. CONDIT	FINJURY A. MONTH DA	OPERATION AY YEAR 19	N WAS PERFORMED	20b. IF YE IN CERTI	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? (ES
190. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA (IF ETHER, NOTHEY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AND WHILE AND WHILE AND WHILE CAUSE OF DEA (INJURY OF CURRED) 22c. I certify that by (this hospill sow the deceased alive on obove, II) (we) (did) (did) cool obove, II) (we) (did) (did)	21b. TIME OF HOUR A.M. P.M. 21e. PLACE C (AT HOME, STRE	FINJURY A. MONTH DA A. DF INJURY EET, FACTORY, OFFICE, FA	OPERATION AY YEAR 19 ARM, ETC.)	216. HOW INJURY OCCURE 216 LOCATION STREET 19.79	200. AUTOPSY? 200. IF YE IN CERTIN YES NO	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? IES NO PART 1 OR PART 2) COUNTY STATE- 19 7, that (I) (xe) lost
190. DATE OF OPERATION 21d. ACCIDENT WAS UNDERLYING CONCRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that by this hospit sow the deceased alive on above, (I) (Me) (did) (did) 22b. SIGNATURE	21b. TIME OF HOUR A.M. P.M. 21e. PLACE C (AT HOME, STRE tol) offended the	FINJURY A. MONTH DA A. DF INJURY EET, FACTORY, OFFICE, FA	OPERATION AY YEAR 19 ARM, ETC.)	216. HOW INJURY OCCURE 216 LOCATION STREET 19 79 d that in (my) (90) opinion of DEGREE ATTENDING PHYSICIAN	208. AUTOPSY? 208. IF YE IN CERTI YES NO	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? IES NO PART 1 OR PART 2) COUNTY STATE 19 7, that (I) (xe) last
190. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA (IF ETHER, NOTHEY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify hot by (this hospin sow the deceosed olive on obove, III) (ac) (idid) (did) 22b. SIGNATURE	21b. TIME OF HOUR A.M. P.M. 21e. PLACE C (AT HOME, STREE tol) oftended the tyview the body of the printing of	FINJURY A. MONTH DA A. DF INJURY EET, FACTORY, OFFICE, FJ Geceosed from 19 19 11 11 11 11 11 11 11 11 11 11 11	OPERATION AY YEAR 19 ARM, ETC.)	216 LOCATION STREET 216 LOCATION STREET 217 LOCATION STREET 218 LOCATION STREET 219 7 9 d that in (my) (or) opinion of the physician (physician (physi	200. AUTOPSY? 200. AUTOPSY? YES NO	COUNTY STATE- COUNTY
190. DATE OF OPERATION 21d. ACCIDENT WAS UNDERLYING CONCRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that by this hospit sow the deceased alive on above, (I) (Me) (did) (did) 22b. SIGNATURE	21b. TIME OF HOUR A.M. P.M. 21e. PLACE C (AT HOME, STRE tol) offended the	FINJURY A. MONTH DA A. DF INJURY EET, FACTORY, OFFICE, FJ deceosed from 19 19 136 N	OPERATION AV YEAR 19 ARM, ETC.) CONTROL OF CONTROL	216 LOCATION STREET 216 LOCATION STREET 217 LOCATION STREET 218 LOCATION STREET 219 7 9 d that in (my) (90) opinion of the physician (120) 220 ADDRESS	208. AUTOPSY? 208. IF YE IN CERTINE YES NO STAFF DIED CENTER NATURE OF INJURY IN ITEM 18, CITY OR TOWN TO TO TOWN MEDICAL STAFF DIRECTOR PHYSICIAN TO THE CONTROL OF THE	COUNTY STATE 22c. DATE SIGNED 25, WERE FINDINGS USED IFYING CAUSES OF DEATH? NO COUNTY STATE 27, that (I) (**) lost 27c. DATE SIGNED 5/19/79 Caton Avenue

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

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BP. DHMH - 16 50M 7/77 (VR A 15 (4))

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-11377

	REGISTRAR				CERTIF	ICATE OF	DEATH		REG. N	10.) - 1	10	1 4
	ECEASED NAME PE OR PRINT)	MART:	IN A.	FERRI		AST		2a DATE C	OF DEATH	MONTH 5	27	79	2b. HOUR 9:42A. _M
3. SE		4	RACE		5. DATE C		YEAR	6 AGE (IN	YEARS LAST BI	RTHOAY)	IF UNC	OER 1 YEAR	IF UNDER 24 HRS
	Male		White	2	6	26	1898	80		YRS		DATS	HOURS MIN.
	BIRTHPLACE (STATE OR FOR	REIGN 76	CITIZEN OF	WHAT COUNT	TRY? 8.	NEVER	MARRIED [9 BALTIM	ORE CITY	OR COUN	ITY OF D	EATH	
	Maryland		USA		WIDOWE	D D	NORCED	Bal	ltimo	re C	ity		MD.
10 0	Baltimore		(IF NOT IN SUC	H FACILITY, GIVE S	RSING HOME C TREET ADDRESS) HOSPIT		TITUTION	(TYPE OF WO	LOCCUPA ORK FOR MOST Ltroll	OF WORKING	G LIFE) IN	DUSTRY	Stg. Wrh
USU 13a.	JAL RESIDENCE (IF NURSIN STATE Md.	Balti	Y	GIVE RESIDENCE E 13c. CITY OR 1 Balto	TOWN	13d. INSIDE (NO E	13e STREET	ADDRESS COrn	Circ			
200	Martin		DDLE	LAST	a C.		S MAIDEN NAM	ΛE	WIOOFE	ъ.	1_1	LAS	
16n	WAS DECEASED EVER IT	Andr NU.S. ARMI		Ferri	SECURITY NO.	17. INFORMA	elia		ADDI		ırkn	ause	er
7	NO OR UNKNOWN	(IF YES, GIVE W	/AR OR DATES)		1-8769	Mrs.	Caroli	ine F	erris	, 2 /	Acor		
	18 CAUSE OF DEATH	Enter only	one couse per	line for (o), (b	ı, ond (c		To do to					BETWEEN	ONSET AND DEATH
CERTIFICATION	Conditions, if ony, gove rise to immucouse (a), stating underlying cause PART 2. OTHER SIGNI 19a DATE OF OPERATI 05 27 79	ediote the lost	(c)	TION FOR WH		N WAS PERFO		20a. AUT	OPSY?	20b. IF Y	YES, WER	RE FINDIN	NGS USED 5 OF DEATH?
- E	21g. ACCIDENT WAS UNDE	BIVING 🗖	21b. TIME OI	E INTITION		Tale HOW/IN	IJURY OCCURRE	YES [NO		YES		№ □
N N	OR CONTRIBUTING CA	LEXAMINER	HOUR A./	M. MONTH M.	DAY YEAR		211	ED (ENIERN	ATURE OF INJ	JRY IN HEM I	B, PART TO	RPART 2)	
MEDI	WHILE NOT WHILE AT WORK AT WORK	LE C	21e. PLACE ((AT HOME, STR	OF INJURY BET, FACTORY, OFF	FICE, FARM, ETC.)	211. LOCATI)N		CITY OR TO)WN	со	YTAUC	STATE
	22a.1 certify that (1) (1) sow the deceased above, (1) (we) (di	Olive Oli			om 05 I	5 /9 id that in (my)	(our) opinion de	., 10	MAY 2	27 dote and h	, 19_7 hour ond		thet (I) (we) lost couses stoted
	226. SIGNATURE	Bul	hi				ATTENDING PHYSICIAN [MEDICAL DIRECTOR	STA	AFF ICIAN []	2	22c. DATE	SIGNED
	S. GIRD					CHUR	CH HOSI	PITAI	J, BA	LTI	MORE	E, M	D.
23a	BURIAL, CREMATION, R	EMOVAL	23b. DATE	1	23c. NAME OF C	EMETERY OR	CREMATORY	23d. LOC	ATION		COLIN	TY	STATE
	Burial		5/30/	79	Dulane	y Vall	ey Cem		ocke	ysvil	le,	Md.	0.310
24 F	FUNERAL DIRECTOR			AOORES:	s	SATE OF	25a. DATE	REC'D. BY	REGISTRAI	R 25b. REG	ISTRAR'S	SIGNAT	URE
	Martin D.	Law	son, l	UW. F	adonia	Rd.	1	WAY 3.	T 131	3 /	1	7	- Cusany

78-11372

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do Francis de Company	Page 31 . com	S 2073-10-30		
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J. Evereyaville, 216.	mo O voltali	enstant in the	5/36/7	labura

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DHMH - 16 50M 1/76 (VR A 15 (4)) FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-11373

1		REGISTRAR			CERTIFI	CATE OF DI	AIH	REG. NO.	1 0		
	{TYPE	CEASED NAME FIRST H	eathez "	B G	FC	ERTE	_	576179	NTH DAY	YEAR	26. HOUR 9-05 PM
3	3. SEX	1-	4. RACE	supple	5. DATE OF	DAY	1979	6. AGE (IN YEARS LAST BIRTHD)		UNDER I YEAR	IF UNDER 24 HRS
5	- , CC	RTHPLACE ISTATE OR FOREIGN DUNTRY) LICTON MD	16 CITIZEN OF V	HAT COUNTRY?	MARRIED WIDOWED	NEVER M.	ARRIED ORCED	9 BALTIMORE CITY OR C	COUNTY O	F DEATH	MD.
1	10 CI	BALTS		OSPITAL, NURSING FACILITY, GIVE STREET AD		OTHER INSTI	TUTION	120 USUAL OCCUPATION		12b. KIND C INDUSTRY	OF BUSINESS OR
5	13a, S	AL RESIDENCE (IF NURSING HOME OF TATE 138 COUP aryland Ceci	1IA	GIVE RESIDENCE BEFORE A 130 CITY OR TOWN Elkton		A	40 🗌	149 E. Hith	49 Hig	ght St	
O		Robert	WIDDLE	Ferte	4	Sa	ndla	MIDDLE	H.L	Ree	20
2	16a ∨ (Y	VAS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? E WAR OR DATES)	16b SOCIAL SECURI	-	obert /	. Fert	address el 149 E. Hi	igh St	. 80	kton, Md.
	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT (DUE TO, OR (c)	AS A CONSEQUEN AS A CONSEQUEN NTRIBUTING TO DE TON FOR WHICH O	ICE OF	-		20a. AUTOPSY? 2	Ob. IF YES, W	VERE FINDIN	
7	MEDICAL CERTIFI	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ALSE OF DE	P.A	A. MONTH DAY A.	YEAR 19		* Alleren and an art	YES NO NO NEED (ENTER NATURE OF INJURY IN	YES [NO []
	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE C (AT HOME, STRE	OF INJURY ET, FACTORY, OFFICE, FAR	M, ETC.)	211 LOCATION	N	CITY OR TOWN	/	COUNTY	STATE
		220.1 certify that (1) (this hosp sow the deceased alive an above, (1) (we) (did) (did no 22b. SIGNATURE	5/	6 19 7	1.00	EGREE AT	TENDING	medical STAFF	4		
		22d. PHYSICIAN'S NAME (TYPE)	REPRINT)	ETI' A	20	22e. ADDRESS	Balls	tity !	long	2 .	
	(:	URIAL, CREMATION, REMOVAL SPECIFY) Buried INERAL DIRECTOR	Nau 8,	1070 (1	ME OF CE	METERY OR CI	h. Cem 250. DATE	23d LOCATION CITY OF TOWN CHERRY HILL APO D BY REGISTR 256	L Ce.	CIL CS SIGNA	STATE Med.

CHARLEST STATE Subject it a retail NO . It has a little . The thing the second of the se

HUBBARD FUNERAL HOME,

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-11374

	1 -	FOR STATE REGISTRAR			DEPARTI		EALTH AND MENTAL H ICATE OF DEATH	YGIENE	REG. NO.	79	-	3/4
E		CEASED NAME	FIRST	MIDDL	E	Į.	AST	2a. DATE	5. 55	YAD HTMC	YEAR	26. HOUR
		Do	ROTHL		GINIA		FINK					7-4
	3. SEX	×	4.	ACE		5. DATE C		6. AGE (IN	YEARS LAST BIRTHD		UNDER I YEAR	HOURS
		FEMAL		WHI		10	12 23	_	55	YRS		
5	C	RTHPLACE (STATE OR I OUNTRY) IARYLAND		U.S.A	۸.	WIDOWE	D DIVORCED	_	PETIMO	REMIXA	FPEATH	
4)		TY OR TOWN OF DE	ATH 11	(IF NOT IN SUCH FACE	PITAL, NURSIN PIGNES PGNES	ADDRESS) HOSP	TAL	(TYPE OF WO	LOCCUPATION ORK FOR MOST OF V FOPERA	VORKING LIFE)	17b. KIND C INDUSTRY C &]	P TEL
35	13a. S	AL RESIDENCE (IF NUE STATE RYLAND	13b. COUNTY BALTI	/ 13ε.	RESIDENCE BEFOR CITY OR TOW	/N	13d. INSIDE CITY LIMITS'		T ADDRESS	R ROAD	. 2123	PHO 28
3		THER'S NAME FIRST AUGUST	MIDI	DLE	CHTENB		15 MOTHER'S MAIDEN FIRST DOROTH	NAME	WIDDLE		ĮA:	ELPS
		VAS DECEASED EVE		D FORCES? 16h	SOCIAL SECT		17 INFORMANT		ADDRES	S		
	()	res, no or unknown) NO	(IF YES, GIVE W		216-12-	5376	LeRoy C. F	ink, 40	2 Neepi	ler Ro	ad, 21	1228
		340-	IMMEDIATE (DUE TO, OR AS	A CONSEQU	ENCE OF	1	1	. /			
	7	Conditions, if on gove rise to im couse (a), stati underlying cous	nmediate ing the ie last.	DUE TO, OR AS (c) NDITIONS CONT			MAL TO THE TO	RMINAL DISE	S C PEY	TION GIVEN	IN PART 1	a)
1	TIFICATION	gove rise to in couse (0), stati underlying cous	nmediate ing the le last.	NDITIONS CONT	RIBUTING TO	DEATH BUT	NOT RELATED TO THE TI		TOPSY?	TION GIVEN 20b. IF YES, V IN CERTIFY II YES	WERE FINDI	NGS USED OF DEAT
1	CAL CERTIFICATION	gove rise to im couse (a), stati underlying cous	mediate ing the ing th	NDITIONS CONT	RIBUTING TO	DEATH BUT		20a AU YES □	TOPSY?	20b. IF YES, V IN CERTIFYII YES	WERE FINDI NG CAUSES	NGS USED
49	MEDICAL CERTIFICATION	gove rise to im couse (D), stoft underlying couse (D), stoft underlying couse (D)	IMEDIATE INTERPRETATION NOTE OF DEATH CALEXAMINER MERCH MARKED MARKET MAR	NDITIONS CONT 196. CONDITIO 216. TIME OF IN HOUR A.M.	RIBUTING TO N FOR WHICH MONTH D	DEATH BUT FOPERATIO	N WAS PERFORMED	20a AU YES □	TOPSY?	206. IF YES, V IN CERTIFY II YES IN ITEM 18, PART	WERE FINDI NG CAUSES	NGS USED S OF DEAT NO
Work the second of the second		gove rise to im couse (D), stoft underlying cous PART 2 OTHER SIG 190 DATE OF OPERA 210. ACCIDENT WAS UP OR CONTRIBUTING (IF EITHER, NOTIFY MEDI 21d. INJURY OCCUI WHILE NOT AT WORK AT W 220.1 certify that \$\frac{1}{2}\$ sow the deceo above. (I) (we)	mediate ing the ing th	19b. CONDITIONS CONT 19b. CONDITIO 21b. TIME OF IN HOUR A.M. 21e. PLACE OF I (AT HOME, STREET,	N FOR WHICH	OPERATIO AY YEAR 19 FARM, ETC.)	21c HOW INJURY OCC	200 AU YES URRED (ENTER	NO NATURE OF INJURY	20b. IF YES, V IN CERTIFYII YES IN ITEM 18. PART	COUNTY	NGS USED S OF DEAT NO
The result of th		gove rise to im couse (a), stort underlying couse (b), stort underlying couse (b) and (c) and	IMEDIAN COL ATION NDERLYING CAUSE OF DEATH CAL EXAMINER) RRED WHILE CHIS hospital cold (did not) w	19b. CONDITIONS CONT 19b. CONDITIO 21b. TIME OF IN HOUR A.M. 21e PLACE OF I (AT HOME, STREET,) ottended the deview the body often	N FOR WHICH	OPERATIO AY YEAR 19 FARM, ETC.)	216 HOW INJURY OCC 216 LOCATION STREET 19 19 and that in (my) (our) opin DEGREE ATTENDING PHYSICIAN	VES URRED (ENTER	NO NATURE OF INJURY	20b. IF YES, V IN CERTIFYII YES IN ITEM IB, PART	WERE FINDI NG CAUSES 1 1 OR PART 2)	NGS USED S OF DEAT NO
nem 2 135 morked of nem 10 31045 on prilopy.	MEDICAL	gove rise to in couse (IO), statunderlying couse (IO), statunderlying couse (IO), and (IO) an	IMEDIATE OF PER CAPE OF PER CA	19b. CONDITIONS CONT 19b. CONDITIO 21b. TIME OF IN HOUR A.M. P.M. 21e PLACE OF I (AT HOME, STREET, I) offended the delivery of the body of the street of the	N FOR WHICH N FOR WHICH MONTH D NJURY FACTORY, OFFICE, eccased from per death. 19 19	DEATH BUT OPERATIO AY YEAR 19 FARM, ETC.)	216 HOW INJURY OCC 211 LOCATION STREET 19 19 nd that in (my) (our) opin DEGREE ATTENDING PHYSICIAN 22e. ADDRESS ST. AGNES	VES DURRED (ENTER To don death occur MEDICA MEDICA HOSPITA	NOTOPSY? NOTOPSY? NOTOPSY? CITY OR TOWN Tred on the dots STAFF RHYSICIA L. 900	20b. IF YES, V IN CERTIFY II YES IN ITEM 18, PART	COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY	NGS USED OF DEAT NO COUSES STORED
The result of th	WEDICAL WEDICAL	gove rise to im couse (D), stoft underlying cous PART 2 OTHER SIG 190 DATE OF OPERA 210. ACCIDENT WAS UP OR CONTRIBUTING (IF EITHER, NOTIFY MEDI 21d. INJURY OCCUI WHILE NOT AT WORK AT W 220.1 certify that \$\frac{1}{2}\$ sow the deceo above. (I) (we)	IMEDIATE OF PER CAPE OF PER CA	19b. CONDITIONS CONT 19b. CONDITIO 21b. TIME OF IN HOUR A.M. 21e PLACE OF I (AT HOME, STREET,)) ottended the deview the body often	N FOR WHICH N FOR WHICH MONTH D NJURY FACTORY, OFFICE, Per death. 19 23c	DEATH BUT OPERATIO AY YEAR 19 FARM, ETC.) 79, OI	216 HOW INJURY OCC 216 LOCATION STREET 19 19 Ind that in (my) (our) opin DEGREE ATTENDING PHYSICIAN 22e. ADDRESS	VES URRED (ENTER On death accur HOSPITA 200 AU VES ON TO A ON TO A	NO DE LE STAFF	20b. IF YES, V IN CERTIFY II YES IN ITEM IB, PARI 19 e ond hour o	COUNTY AVENUATE AVENUATE OVERE FINDING CAUSES COUNTY AVENUATE COUNTY AVENUATE COUNTY AVENUATE COUNTY	NGS USED OF DEAT NO COUSES STORED

4107 WILKENS AVE.

INC.

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME EIDST MIDDLE (TYPE OR PRINT) FISCHER Lena Mau 9 1979 5:45A M 4. RACE 3 SEX 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) Aug. 15, 1893 YEAR DAYS HOURS Female White 85 To BIRTHPLACE STATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X Maryland USA Baltimore Citu 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR (JE NOT IN SUCH FACILITY GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY DODE Baltimore Maryland General Hospital 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE LIE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Baltimore 13d INSIDE CITY LIMITS? 2101 N. Pulaski St. Maryland YESX A FATHERS NAME 15 MOTHER'S MAIDEN NAME Fena Bernhard MIDDLE MIDDLE Fishcer D Clemmer ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES! Agnes Fischer, 9726 Frederick Rd. 21043 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH B CAUSE OF DEATH (Enter only one couse per line for ia), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (O). Metastatic Carcinoma Suspected DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse fast PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION Atherosclerotic Cardiovascular Disease 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 210. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART † OR PART 2) Mental Hy 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 211 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE April Mau 9 220.1 certify that & (this hospital) attended the deceased from_ May 9 and that in my (aur) opinion death accurred on the date and hour and from the causes stated sow the deceosed clive on May 9 obove, X(we) (did) (XXXI) view the body ofter death 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL h the Stote PHYSICIAN DIRECTOR PHYSICIAN 5-9-79 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS c/o Maryland General Hospital Charles Graham, M.D. 0 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23d. LOCATION 23b. DATE Burial Baltimore. 5/11/79 Loudon Park Cemetery Maryland 24 FUNERAL DIRECTOR 1630 Edmondson Ayes, Catonsville, Md 250. DATE REC'D. DHMH - 16 60M 1/75 (VRA 15 (4)) Witzke Catonsville Funeral Home, P.A. 21228

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7. 27			C new	X XX
	Q uan	1	C new	XX X
\$-0-79	Q uan	1	e ony x	XX X

CERTIFICATE OF DEATH REG NO LAST 20 DATE OF DEATH MONTH

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

> DAY YEAR 2b. HOUR

May 10 1979 2 . 45P N 6 AGE (IN YEARS LAST BIRTHDAY) IF LINDER 24 HP 9 BALTIMORE CITY OR COUNTY OF DEATH Baltimore Citu 12h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY

Home

21228

308 Waveland Road

Gunke

Same as # 13 APPROXIMATE INTERVAL

COUNTY

STATE

NO [

, and that in (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED

5-10-79

234 NAME OF CEMETERY OR CREMATORY

Loudon Park Cemetery

23d. LOCATION

Buria] 24. FUNERAL DIRECTOR DHMH - 16 60M 1/75

- STATE

REGISTRAR

MacNabb Funeral Home

23b. DATE

230 BURIAL CREMATION, REMOVAL

Catonsville. Md. 21228

25a. DATE REC'D. BY REGISTRAR 25b. RE

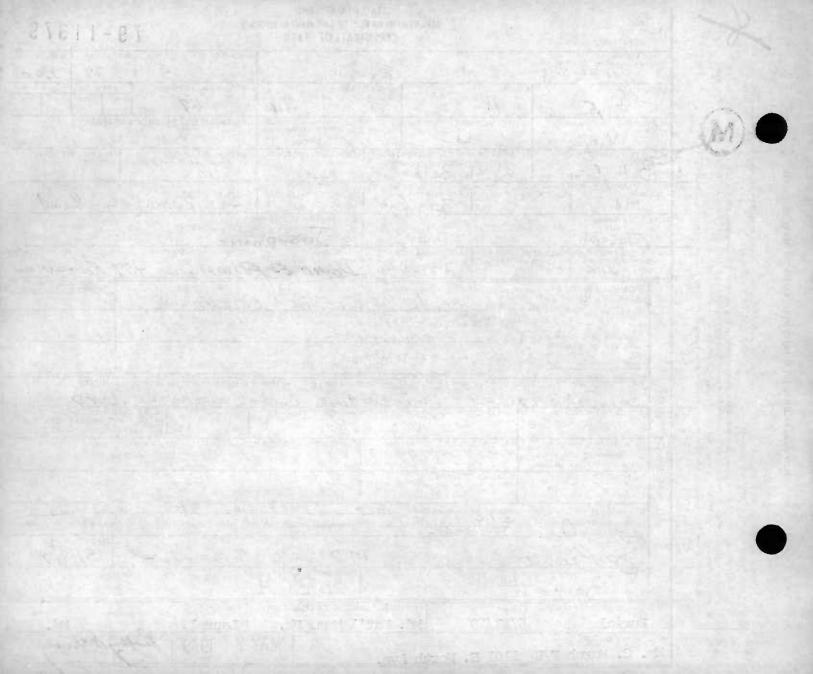
Baltimore City, Maryland

(VRA 15 (4))

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR L DECEASED NAME 20. DATE KNOWN A MONTH (TYPE OR PRINT) OF ESTI-Raymond Joseph Fletcher DEATH MATED 19 79 4. RACE AGE (IN YEARS | IF UNDER 1 YR. 5. DATE OF BIRTH IF UNDER 24 HRS DATE 3:20 LAST BIRTHDAY) PRONOUNCED male white DEAD Ja. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Baltimore WIDOWED T DIVORCED City Maruland O. CITY OF TOWN OF DEATH NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 112b, KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Baltimore Mercy Hospital Worken onstruction USUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13g. STATE 113h COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore NO T Mc Henry Street 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Mitchell 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 5588 Ashbourne Rd. (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 12- 8670 Mrs. 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease with IMMEDIATE CAUSE (a) MEDIAL CONTROL Canditions, if any, which xx coronary thrombosis gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g). CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL PM 21e. PLACE OF INJURY (AT HOME, 21d. INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, FTC 1 WHILE AT WORK AT WORK CITY OR TOWN STATE COUNTY EXECUTE THE CERTIFICATE
PAGE 4 SHOULD BE FOR
TO FUNERAL DIRECTOR:
AFTER DEATH, WITH THE 8
BALTIMORE, MARYLAND, 2 22a. I certify that I took charge of the remains described above held an couses X death resulted Undetermined manner TITLE (SPECIFY) Deputy Chief, EDICAL EXAMINER DATE 5/2/79 SIGNATURE EXAMINER'S NAME Thomas D. Smith, M.D. TYPE OR PRINT) 111 Penn Street, B 1to., MD 21201 ADDRESS Md. Veteran Cemetery
Song. Ray 3 23g BURIAL CREMATION REMOVAL 23b DATE Buria Cheltenham 24. FUNERAL DIRECTOR **DHMH-17** (VR A15 ME (5)) Ambrose Funeral Home, Inc. 15M 7/76

18811-85 CONTRACTOR OF THE make the second of the second ond completely filled in by the funeral directoges 1 and 2 should be filed within 72 hours

lease remove corbonpopers. Pages 1

and Mental Hygiene prior to burial, cremation, or removal

TO FUNERAL DIRECTOR, After should be detached for use as with the State Dept of Health MPORTANT: If hem 21 is

DHMH-16 20M (VRA 15, 4) 7/78

1630 Edmondson Avenue Catonsville, Md.

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR - STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYG ICATE OF DEATH	IENE REG. NO	79-1	1382
	PECEASED NAME FIRST PE OR PRINT) VIRGIN		INIFRE	_	FLIPPO		MONTH DAY YEAR 79	26. HOUR
3. SE	FEMALE	4 RACE	TE	5. DATE O	F BIRTH	6 AGE (IN YEARS LAST BIRT	HDAY] IF UNDER LYEA MONTHS DAYS	
þ	BIRTHPLACE (STATE OR FOREIGN COUNTRY) SENNSYLVANIA	USA	WHAT COUNTRY?	WIDOWE		BALTIMO		
В	BALT I MORE	(IF STINSUE	HGMES 140	SPS T	A L	12e USUAL OCCUPATE (TYPE OF WORK FOR MOST O	F WORKING LIFE) INDUSTR	OF BUSINESS
5 13a	UAL RESIDENCE (IF NURSING HOME STATE Md	OR OTHER INSTITUTION, JNTY	Baltimo	ADMISSION]	YES 🔀 NO		ndom Road	
0	FATHER'S NAME FIRST JAMES	MIDDLE .	KLUGH		IS MOTHER'S MAIDEN NAME FIRST MARY	G.		STEEN
	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	ARMED FORCES?	166 SOCIAL SECUR		Arthue Flip	ADDRE po Same as	#13	XIMATE INTERVAL
	Conditions, if any, which gove rise to immediate couse 101, stating the)	R AS A CONSEQUE		STRUCTIVE 1	pulm, bis	EASE 5	YEAH
CATION	gove rise to immediate cause Io1, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	DUE TO, OF	R AS A CONSEQUE	NCE OF			DITION GIVEN IN PART I	INGS USED
CAL CERTIFICATION	gove rise to immediate cause Io1, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	DUE TO, OF (c) 19b. CONDITIONS CO 19b. CONDI 21b. TIME O HOUR A.I	R AS A CONSEQUED ONTRIBUTING TO D ITION FOR WHICH (F INJURY M. MONTH DA	NCE OF	NOT RELATED TO THE TERM	20a AUTOPSY? YES NO	DITION GIVEN IN PART I	INGS USED
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STATE OF MARYLAND

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	ay be age 3 death		(TYPE	OR PRINT) EUG	ENE	FO	RP		5 2 79	1 5737 7
	may pog		3. SE.	X	4. RACE	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YE	
	4			Molo	NECOD	May	ch 9-1904	75	YRS.	YS HOURS MIN
	Page	in		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	NTRY? 8		9 BALTIMORE CITY C	OR COUNTY OF DEATH	
	death hin 72	and	C	OUNTRY)	2/00		D NEVER MARRIED	0-1	1	14.1
	Mar 444	P 7	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	WIDOWE		12a. USUAL OCCUPAT	ION 126 KINI	D OF BUSINESS OR
	ofter the	natified /	10. 0	D - 11	(IF NOT IN SUCH FACILITY, GIV	E STREET ADDRESS)	OTTIER INSTITUTION	(TYPE OF WORK FOR MOST O	F WORKING LIFE) INDUST	RY
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21	4 hour	st pe	13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 138. COU		R TOWN	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	,	
N	2 = 3	umust 1		Md.	Bai	timore	YES NO 🗆	1501 N. K	enwood	Ave
3	tely 2 sh	nine	14. FA	THER'S NAME	MIDDLE LA		15 MOTHER'S MAIDEN NA	WE		
MARYLAND	and w	Work Al		etalin	FO	nd	VINCINI	O,	Gina	ade
m,	5 0 -	cole	16a. V	VAS DECEASED EVER IN U.S. AF		L SECURITY NO.	17. INFORMANT	ADDR	ESS	7.6.7.
BALTIMOR	- 00	medi	(,	(IF YES, GIV	E WAR OR DATES)	11-5121	CASSNE+hor	Hunt 12	MN. DOAK	PORAVE.
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8	certificate ng physica banpaper r remaval.	nt, 1	- 7	18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per line for (a), ED BY:	10100	Varion V		BETWE	EN ONSET AND DEATH
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PRESTON		of		410-	DUE TO, OR AS A CON	SEQUENCE OF	1.011	On 1 at	\$	
EST	death attend ave ca rtian, a	traun		Conditions, if any, which	(b) MA	MARI	ale Int	ar (ww		
4	the rem	ather to		gave rise to immediate couse (a), stating the	DUE TO, OR AS A CON	SEQUENCE OF			THE DESIGNATION OF	
3	that d by ease al, cr	to		underlying couse last.	(c)	0				
, 201		٧, ٥		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	G TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN PART	[](o)
DIVISION OF VITAL RECORDS,	is si	2	CERTIFICATION							
8	beer mit. prior	ony	CAT	190. DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FIN	
I R	os de la	SWO J	T					YES NO	YES	NO
14	IAN: The physician ificate h transit p	oks 81	E.	21a. ACCIDENT WAS UNDERLYING			21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18, PART 1 OR PART	2)
Ę.	PHYSICIAN: T ending physici this certificate te burial transi ad Mental Hygi	Hem 7		OR CONTRIBUTING CAUSE OF DE						
Z		or He	MEDICAL	21d. INJURY OCCURRED	P.M.	19	211. LOCATION			
SIS		pa	WE	WHILE NOT WHILE	(AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	STREET	CITY OR TO	WN COUNTY	STATE
2	ATTENDING aspital ar attended for use as to to a Health a	nark		AT WORK			2 10 7	G ()	75	
	ol o	is in		22a. I certify that (I) (this hasp sow the deceased alive ar	[12121	rioiii , ,	nd that in (my) (our) apinion	donth provinced no the d		, that (I) (we) lost
	R ATTER haspital RECTOR red for i	n 2 l	-	abave, (1) (we) (did) (did no	ot) view the body ofter death			deoin occurred on the o		
	OR A he has DIREC	+	-	22b. SIGNATURE	13/		DEGREE ATTENDING	MEDICAL STA		ATE SIGNED
	- + - e		100	Magle	- CHEWEN	10	PHYSICIAN [DIRECTOR PHYSI	CIAN S/	419
	HOSPITAL ined by the FUNERAL uld be det	IAN /		226. PHYSICIAN'S NAME (TYPE	OR PRINT)		22e. ADDRESS			
	D - D -	80/		HNEELA	CHEALY	MD	Balto City	1000 4940	Eastern	Ave 21224
111	or refo	₹	23a.	BURIAL, CREMATION, REMOVA	L 23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
184	3 BP	177	(SPECIFY) BUSIA!	5-7-70	Arhil-	HIS MOM. PK	Baltin	COUNTY	md.
014	DHMH - 16 50M 7/2	77	24. F	UNERAL DIRECTOR		17 1 2000	25a. DAT		256 REGISTRAR'S SION	NATURE
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STATE OF MARYLAND

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should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal. IMPORTANT, if them 21 is marked at them 18 shows any injury, or other troumatic event, the medical

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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4	_						

		REGISTRAR		CE	RTIF	ICATE OF DEATH	REG. NO	1 9	-113	0 0	
		CEASED NAME FIRST		MIDDLE	L		20. DATE OF DEATH	HINOM	DAY YEAR	26 HOUR	
	(TIPE	MYRI	A .	B.	FO	RTUNE.	1	MAY	8 79	9.P. M	
	3 SEX		4 RACE		ATE C		6. AGE (IN YEARS LAST BIRTH	(DAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS	
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		RTHPLACE (STATE OF FOREIGN	Th CITIZEN OF	WHAT COUNTRY? 8	A DD IE	NEVER MARRIED	BALTIMORE CITY O	R COUN	TY OF DEATH		
5		Md.	N. S. A. WIDOW				Baltimor	e C	City		
	10 CI	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING HO			120 USUAL OCCUPATION	NC	12b. KIND C	OF BUSINESS OR	
9	Ва	ltimore	North				(TIPE OF WORK FOR MOST OF	WORKING	LIFE) INDUSTRY		
1	USUA	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADMIT	SSION		13e STREET ADDRESS				
3		Md.		Baltimor	e	YES NO	2614 Gre	enm	ount A	ve.	
	14 FA	ATHER'S NAME	NIDDLE	LAST		15. MOTHER'S MAIDEN NAM	E				
D	F	Franklin	NODLE	Muse		Bernice	Kirse	V	Re		
-	160 V	VAS DECEASED EVER IN U.S. ARA	MED FORCES?	166 SOCIAL SECURITY	NO.	17 INFORMANT	ADDRE	SS			
	1,	NO	WAR OR DATES	216-50-47	04	Denise Muse	3415 Cop	ley	Rd.		
		18 CAUSE OF DEATH (Enter and	v ane cause per							IMATE INTERVAL ONSET AND DEATH	
		PART I. DEATH WAS CAUSED	BY. E CAUSE (0)		1 5	MONIARY FA	ALLURE.				
		11169		R AS A CONSEQUENCE	OF	MONARY FR	ME CACHE	CIA.			
	-50	Canditions, if any, which	DUE 10, 0	EV TENSI	Or			SIZA			
		gave rise to immediate	10)								
		underlying couse last.	DUE TO, O	CARCINI		A BREAS	-				
4		PART 2 OTHER SIGNIFICANT C	ONDITIONS CO				NAL DISEASE OR CONE	OITION G	IVEN IN PART 10	Q1	
	O										
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1	TIFIC						YES NO		TIFYING CAUSES YES 🗍	NO	
2	CER	210. ACCIDENT WAS UNDERLYING	21b. TIME O		VE 40	21c. HOW INJURY OCCURRE	D JENTER NATURE OF INJUR	Y IN ITEM 18	8, PART 1 OR PART 2)		
	AL	OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.	M. MONTH DAY Y	19						
	MEDICAL	21d INJURY OCCURRED	21e. PLACE	OF INJURY		211. LOCATION					
	×	WHILE NOT WHILE AT WORK	AT HOME, STE	REET, FACTORY, OFFICE, FARM, E	TC.)	SIKEEI	CITY OR TOW	N	COUNTY	STATE	
-1		220.1 certify that (1) (this haspit	al) attended th	e deceased fram	1	1 02 19 79	_, ta5	. &	1979	that (1) (we) last	
		saw the deceased plive on abave, (1) (we) (did) (did nat		5 . C . 19 79	, on	d that in (my) (our) opinion de	eath accurred an the da	te and ho			
		22b. SIGNATURE	wiew me body	A GEORGIA	(DEGREE			22c. DATE	SIGNED	
		Talle-	Q., 0 :	Teliloan	1	MD. ATTENDING THYSICIAN TO	MEDICAL STAF	F IAN M	5.0	8.79	
		22d. PHYSICIAN'S NAME (TYPE OR	PRINT)			22e ADDRESS	THE WALL				
	20	MOHADIN	A. CAS	·JABBAK	2	2724. N	J'CHRLE	5.5	1		
	23a. B	BURIAL, CREMATION, REMOVAL	23b. DATE		OF C	EMETERY OR CREMATORY	23d. LOCATION		401115	67	
	13	Burial	5/15/	79 Arb	uti	us Mem. Pk.	Arbutus	3 ,	COUNTY	Md.	
	24. FU	JNERAL DIRECTOR	13/ -3/				REC'D. BY REGISTRAR		STRAR'S SIGNAT	THRE	
۲,		NAME	_ /	ADDRESS	1	2	1 5 4070	Red	May ATEL	Messey	

1101 E. North Ave.

DHMH - 16 50M 1/76 (VR A 15 (4))

March F/H

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TO FUNERAL DIRECTOR:

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Witzke Funeral Home of Catonsville, P.A.

21228VAY

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DHMH - 16 60M 1/75

(VRA 15 (4))

Witzke Funeral Home of Catonsville, P.A. 21228

2h HOUR IF UNDER I YEAR IF UNDER 24 HRS DAYS 120 USUAL OCCUPATION TIPE 126 KIND OF BUSINESS OR Western Elec.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

1306 Woodbridge Rd.

Krechman

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTY STATE

STATE

22c DATE SIGNED

COUNTY

Maryland

DHMH-16 20M (VRA 15, 4) 7/78 FOR

- STATE

REGISTRAR

18-11-81

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

11222

		REGISTRAR	CERTIF	ICATE OF DEATH	REG. NO	79-11300
		CEASED NAME FIRST	MIDDLE	AST	20. DATE OF DEATH	MONTH DAY YEAR 26. HOUR
		Barbara	2 J	anz	S	11 79 3-35AM
,	3. SE	Female	RACE White 5. DATE CO MONTH		6. AGE (IN YEARS LAST BIRTH	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN. YRS.
5	7a BI	RTHPLACE STATE OR FOREIGN 76. Virginia	CITIZEN OF WHAT COUNTRY?	D NEVER MARRIED	9 BALTIMORE CITY OF	R COUNTY OF DEATH
5	0	Baltimore	NAME OF HOSPITAL, NURSING HOME OF HOSPITAL, NURSING HOME OF HIS CHILD HOME STREET ADDRESS)	OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Waitre	ON 126. KIND OF BUSINESS OR INDUSTRY
5	13a. S	AL RESIDENCE (IF NURSING HOME OR OT THE BALT	HER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13 CITY DUTING BIR timore Baltan and	138 INSIDE CITY LIMITS? YES NO 💽	130 STREET ADDRESS	Bridget Lane
2	I4 FA	THER'S NAME FIRST MID Robert E.	Broughman	15 MOTHER'S MAIDEN NAM	MIDDLE N	Hamilton
h		VAS DECEASED EVER IN U.S. ARME	D FORCES? 166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRE	
lo		No	213-32-6359	Mrs Rita	Rainev	Same
		Conditions, if ony, which gove rise to immediate couse (o), storing the underlying couse lost	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c)		rest moma	10 Months
	NOI	PART 2 OTHER SIGNIFICANT COL	NOTIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	nal disease o r cond	DITION GIVEN IN PART 1(0)
2	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION	N WAS PERFORMED	206 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURRE	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOW	n COUNTY STATE
		220.1 certify that (I) (this haspital) sow the deceased alive an above, (I) (we) (did) (did not) v 22b. SIGNATURE	new the body after death		eoth occurred on the do	, 19 7 4 , that (I) (we) lost the and hour and from the couses stated
,		E Junothy	formeme n	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	FIAND STILL SIGNED
/			buweine		maritae	n Hospital
	(5	Burial	1	wridge	Baltim	
	24 FL	THAT RUCK TOO		250. DATE		25b EGISTRAR'S SIGNATURE

1979

DHMH - 16 50M 1/76 (VR A 15 (4))

Buda-Ruck Inc. Baltimore, Maryland

BP.

the attending physician and completely filled in by the funeral director remove carbanpapers. Pages 1 and 2 shauld be filed within 72 hours aft

death certificate be executed within 24 haurs after

requires that the

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital ar attending physician natified at ance.

MPORTANT: If Item 21 is marked ar Item 18 shaws any injury, ar ather traumatic event, the medical exam

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carbanpape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7	9	-	1	1	3	8	9

FOR STATE REGISTRAR	DEPART		LTH AND MENTAL HYG ATE OF DEATH		79-1	1389
1. DECEASED NAME FIRST	MIODLE	LAST		REG. NO 2a. DATE OF DEATH		YEAR 2b. HOUR
(TYPE OR PRINT) CATHE	RINE J.	FRT	ESEN		5 17	79 1
3. SEX	4. RACE	5. DATE OF E		6. AGE (IN YEARS LAST BIRT	9 /	NDER 1 YEAR IF UNDER 24 HRS
FEMALE	WHITE	04	18 04	75	YRS.	THS DAYS HOURS MIN
7a. BIRTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8		9. BALTIMORE CITY O		DEATH
NEW JERSEY	U.S.A.	WIDOWED !	NEVER MARRIED	BALTIMOR	E CITY	MD.
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME OR		120 USUAL OCCUPATION	ON I	126. KIND OF BUSINESS OR
BALTIMORE	1902 SUMMERWORT		ET. 21230	CARTON MAK		MARYTAND
USUAL RESIDENCE (IF NURSING HOME C	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION)				GLASS CO.
MARYLAND 136 COU	13c. CITY OR TOW		INSIDE CITY LIMITS?	13e. STREET ADDRESS 1902 SUMME		F1453400 1-2.770+17
14 FATHER'S NAME			MOTHER'S MAIDEN NAM	ΛE	WORLII	DIREEL
WILLIAM	DEDDEF	,	CAROLINI	F MIOOLE		DILLMAN
160. WAS DECEASED EVER IN U.S. A	RMED FORCES? 16b. SOCIAL SECU		. INFORMANT	ADDRE	SS BETHI	EHEM. PA.
(YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR OATES) 217-01-	-9971	CAROLINE A. V	WEST 1013	SPRING	
	only one cause per line for (a), (b), an		SHROHINE H.	WEDI, 1015	DIKING	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUS	ED BY:	De la O	- AD0 415	CA- Cal)	BETWEEN ONSET AND DEATH
IMMEDIA	ATE CAUSE (0)	TUSTICOC	C MICENA	CIT CIT		
Conditions, if ony, which	DUE TO, OR AS A CONSEQUI	ENCE OF			-	
gove rise to immediate) ib).					
couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUE	ENCE OF			447304	
PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NO	T RELATED TO THE TERMI	IN AL DISEASE OF CONF	DITION GIVEN I	IN PART 1(n)
	conditions <u>commonito to t</u>	DENTI DOTTIC	THE TO THE TENNI	THE DISEASE ON COINE	ALLOW ON ELVI	INTERNATION
19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION V	VAS PERFORMED	20a. AUTOPSY?		ERE FINDINGS USED
DE L				YES T NOT	IN CERTIFYING	G CAUSES OF DEATH?
210. ACCIDENT WAS UNDERLYING			Ic HOW INJURY OCCURR			
00 50 170 010 10 5 1115 05 05		AY YEAR				
(IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED	21e PLACE OF INJURY	2	If. LOCATION			
WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, I	FARM, ETC.]	STREET	CITY OR TOW	N	COUNTY STATE
	oital) attended the deceased from	9-36-	76 19	10_4/38/	75 19-	that (I) (we) last
sow the deceased alive a	n19		hat in (my) (our) opinion o	death accurred on the do	te and hour on	
22b. SIGNATURE	ot) view the body ofter death.	DEC	GREE			224. DATE SIGNED
Min	1 holls lun	111 11	ATTENDING S	MEDICAL STAF	F	5/17/79
22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	2	20. ADDRESS	POINECTOR - PHISIC	IAIV	11/1/
		15 7	111/ OF TAIT	T COUNTROOM TO	ATTIMOD	E MD
MARVIN J. F.E.	LDMAN M. D. 1 23b. DATE 23c		1114 ST PAU	L STREET, B	ALTIMOR	E, MD.
(SPECIFY)				CITY OR TOWN	COU	
BURIAL 24. FUNERAL DIRECTOR	05-19-79 MI		DGE MEM. PK.	ELKRIDGE REC'D. BY REGISTRAN		
NAME	ADDRESS	21	229 25a. DATE			

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DHMH - 16 50M 7/77 (VR A 15 (4))

HUBBARD FUNERAL HOME

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M	10	1	FOR APPROVA FOR MEDICAL STATE TO STAT		C DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH		79-11	390
	page 3,	I. D {TYI	ECEASED NAME FIRST PE OR PRINT) Wi	lliam	Henry		AST RITZ	REG. NO 20 DATE OF DEATH MO May 9, 19		1:45 M
ge 4 mp)	ector, po	3 S	Male	Caucasi	lan	5. DATE OF MONTH	DAY VEAR	6 AGE (IN YEARS LAST BIRTHD.		YEAR IF UNDER 24 HRS DAYS HOURS MIN
Death, Po	in 72 hau at ance.	2	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF W		8 MARRIE WIDOWE	NEVER MARRIED DIVORCED	Balto.		H MD.
to of the r	by the fu	B	alto. City	IS Publ	ic Hea.	Ith 2	ervice M	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W	7 TLERK 17b. KIN INDUS	Bank
AND 212	filled in ould be must be	USI 13a	JAL RESIDENCE (IF NURSING HOME STATE Md.	OR OTHER INSTITUTION, G JNTY	THE RESIDENCE BEFOR	/N	13d INSIDE CITY LIMITS? YES A NO	13. STREET ADDRESS 1632 Ralw	vorth Rd	•
MARYL,	and 2 sh	0 14. F	ATHER'S NAME FIRST Adam	MIDDLE F	LAST Fr	itz	15 MOTHER'S MAIDEN NAME FIRST Ethel	ME MIDDLE	M	vell s
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120' NG PHYSICIAN: The law requires that the death certificate be executed within 24 hours oftending physician.	Pages 1	160.	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES?	212-10		0 Mrs. Ber	ADDRESS nita Fritz		Me
5T., BALI	physicia anpapers emavol. event, the		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS		ne for (a), (b), an		Arrest			PROXIMATE INTERVAL VEEN ONSET AND DEATH LOUIS
ESTON 9	e attending mave carbar nation, ar rer traumatic ev		Canditians, if any, which		as a consequ Iyo cardi	al In	farction		2 1	kours
11 W. PR	y th se re cren		gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR	as a consequ	a of	left lung		6 :	months
ORDS, 20	to bur njury,	NOI	PART 2 OTHER SIGNIFICANT		hard by					
AL RECC	te has been sit permit. I giene prior shaws any i	CERTIFICATION	1% DATE OF OPERATION , 5/9/79	Careir	noma of			YES ANO	20b. IF YES, WERE FIN IN CERTIFYING CAU YES	JSES OF DEATH?
V OF VIT	his certificate has a burial-transit period. A Mental Hygiene par Item 18 shaws a	/	7 a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE)	R) P.M	. MONTH D.	AY YEAR	21s. HOW INJURY OCCURR			
DIVISION NG PHY	+ 4 c P	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE O (AT HOME, STREE	F INJURY T, FACTORY, OFFICE, I		21f LOCATION LEVISION STREET	The Shall	AL EXAMINER OUNTY	STATE
ATTENDI	for us of He 21 is		saw the deceased alvo a we) (did idd	34 - nr O		79	d that in (my) (aur) apinion of	ta May 9 death accurred an the date	and haur and fram	, mar (ii) (we) last
TAL OR y	NERAL DIRECT be detached for e State Dept. or TANT: If Item 2		The steventum enn	& Box	(Van	Dir		MEDICAL STAFF DIRECTOR PHYSICIA	, NO 5,	/9/79
RGB OF PRINCEP OF PRINCEP PRINCE PRIN	Should be defi		22d. PHY CTAN'S NAME LIVE	Rey Ward,	M.D.	1	22e. ADDRES 3100 W Balto,	yman Parkw Md. 2121	lay	
() / () BF		23a.	BURIAL, CREMATION, REMOVA (SPECIFY) Burial	5/12/7	79 Du	lane	v Valley		ounty,	Md . STATE
	6 60M 1/75 15 (4))	24	UNERAL DIRECTOR 4905	York R	OBA PRESS BE	alto.	Md 250. DATE 1212 MAY 1	REC'D. BY REGISTRAR 251	b. REGISTRAR'S SIGI	

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2 hours	Jacina an arms school	
	The transfer of the proof.	
10 - 0	garages and amendons	
A PART OF THE REAL PROPERTY.	Carelines of Left Long	5/9/79
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Dallo, Conney, 21.	AND SISIS	Jarena Rolling Land

IMPORTANT: If Item 21 is marked or Item 18 shaws ony injury, or other troumatic event, the medical

FOR

5	TATE	OF	MARY	LAND
DEPARTMENT	OF HE	AL	TH AND	MENT

TAL HYGIENE

79-11391

1.	REGISTRAR				CERTIF	ICATE OF	DEATH	RI	EG. NO.			
	CEASED NAME E OR PRINT)	Mäuri	ice ^	E.	ı	Frye	Sr.	20 DATE OF DEA		21	YEAR 79	26 HOUR
3 SE.	x Male		4 RACE	nite	5. DATE C		1931	6. AGE IN YEARS L	AST BIRTHDAY)	MONTHS	ER I YEAR	HOURS M
70. BI	OUNTRY) Mary	land	76 CITIZEN OF	S.A.	8. MARRIEI WIDOWE		MARRIED	9. BALTIMORE C Ba]		NTY OF D	EATH Cit	у
	Baltimo	re	"BHI'9		TELY			12a. USUAL OCC		G LIFE) 12b	KIND O	F BUSINESS teel
130. 3	Marylan	d 136 Bal	OTHER INSTITUTION,	GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Dundal	4	13d. INSIDE (NO 🔀	130 STREET-ADDI		smon	t R	oad
	Lloyd		MIDDLE	Frye		J	s maiden nam first eanie	MIC	DDIE			ans
	VAS DECEASED EV YES, NO OR UNKNOWN)		MED FORCES? WAR OR DATES)	266-38-		Lore			imore	, MD	2.	1222
	PART I. DEATH	I WAS CAUSEI IMMEDIAT	D BY: E CAUSE (a)	A COUSEQUE	My	4SCV		nfarchi hold in	on ferir 1		100	mate interval phiset and de 8-79 74
NOI	gove rise to cause (a), st underlying co	use last	(c)	AS A CONSEQUE		NOT RELATE	O TO THE TERMI	INAL DISEASE OR	CONDITION	GIVEN IN	PART 1(o) }
CERTIFICATION	19a DATE OF OPE	RATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO	DRMED	200 AUTOPSY	IN CER	YES, WER		IGS USED OF DEATH?
	210. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER, NOTIFY M	CAUSE OF DEA		A. MONTH DA	Y YEAR	21c. HOW IN	JURY OCCURR	ED (ENTER NATURE C	F INJURY IN ITEM	18, PART I OR	PART 2)	
MEDICAL	21d. INJURY OCC	T WHILE WORK	21e. PLACE C (AT HOME, STRI	OF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC.)	21f LOCATI	ОИ	CITY	ORTOWN	COL	UNTY	STATE
	220.1 certify that saw the dece above, flyw		ol) ottended the		Aug gon	7		O, to	T-20 the date and I	, 19_ _7 hour ond 1		that (we) causes stated
	22b. SIGNATURE	laiz				11		MEDICAL DIRECTOR P	STAFF HYSICIAN [20. DATE:	
	JOSE	ARD	H1Z	MD		783		stern	Ave.	Bal	'him	ine, r
(:	BURIAL, CREMATIC SPECIFY) Buri	al	23b. DATE 5/2	25/79 Sa		EMETERY OR Ht.O	f Jesu	23d LOCATION CITY OR TOW S Balti	more,	Balt	imo:	re, ME
	7922 Wi		Ruck,	Incoress		2122	25e. DATE	REC'D. BY REGIS	TRAR 25b. REG	TRAR'S	SIGNATI	Crealy

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DHMH - 16 50M 7/77 (VR A 15 (4))

7922 Wise Avenue, Dundalk,

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6	1 -	STATE REGISTRAR			DEPARIM		ICATE OF D		REG. N	1 0	113) <i>(</i> .
Ī		CEASED NAME OR PRINT) LUCII	FIRST	,	MIDDLE	ULLE	AST ER		2a DATE OF DEATH	монтн 5-21	-79	26 HOUR 6:15р
	B. SEX	Female		Blacl		5 DATE C		1.8	6 AGE (IN YEARS LAST BIRT	YRS	IF UNDER 1 YEAR	IF UNDER 24 HR HOURS MIN
3		RTHPLACE (STATE OR FOR DUNTRY) TRGINIA	REIGN 7b	USA	WHAT COUNTRY?	MARRIE WIDOWE	NEVER A	AARRIED	Baltin			,
9		Baltimor	re P	rovide	HOSPITAL, NURSING THEACUITY, OVE STREET A ENT HOSP	oital		ITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O Unemplos	ON F WORKING L	12b. KIND (OF BUSINESS C
		AL RESIDENCE (IF NURSIN	NG HOME OR OT		GIVE RESIDENCE BEFORE		13d INSIDE C	ITY LIMITS?	13107 APPRESS	lon	Aye.	
		THER'S NAME ASPET	MIC	OCE	Jackson	n	15. MOTHER'S	MAIDEN NA	WE	P)	GRÉ	ËN
1	(Y	VAS DECEASED EVER IT	N U.S. ARME (IF YES, GIVE W		095 24		17. INFORMA 5 Mr.		Fuller 31		anlon .	Ave.
		Conditions, it ony, gave rise to imme couse (o), stating underlying couse	ediote	(b)_	R AS A CONSEQUE R AS A CONSEQUE GT	nosis	s Liv					
	7	PART 2. OTHER SIGN	IFICANT CO	NDITIONS CO					INAL DISEASE OR CON	DITION GI	VEN IN PART 1	0
	CERTIFICATION	19a DATE OF OPERATI			ARY EDEM		N WAS PERFO	RMED	200 AUTOPSY? YES NO	IN CERT	S, WERE FINDI IFYING CAUSES	
		210. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICAL	AUSE OF DEATH	21b. TIME O HOUR A P.,	M. MONTH DA	YEAR	21c HOW IN	JURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18,	PART 1 OR PART 2)	
	MEDICAL	21d. INJURY OCCURRE WHILE NOT WHI AT WORK AT WOR	LE [21e. PLACE ((AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC.)	211 LOCATIO STREET	N	CITY OR TOV	17	COUNTY	STATE
		220.1 certify that (I) (sow the deceased above, (I) (we) (di	d alive on	5	- 2/ 19 ·	-		(our) opinion	death accurred on the de	ote and ha		
		22b. SIGNATURE)(Fack	ba, , 11	no			MEDICAL STA	F IAN []		23-3
1	N	TEFF 1	/		D.		22e ADDRES 230		RISON BLVI). B	ALTO.	MD 212

DHMH - 16 50M 1/76 (VRAIS(4)) Herbe

TO HOSPITAL

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MAPORTANT: If Item 21 is morked or Item 18 shaws ony injury, or other troumatic

24 FUNERAL DIRECTOR

230. BURIAL, CREMATION, REMOVAL (SPECIFY TO 12)

26,1979 may

23b. DATE

250. DATE REC

23c NAME OF CEMETERY OR CREMATORY

3035 W. North Ave.

23d. LOCATION
CITYOR TOWN
Nottaway County Va. BY REGISTRAR 25b. RECOTRAR'S SIGNATURE

COUNTY

STATE

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STATE OF MARYLAND

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TO HOSPITAL

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retained by the hospital or attending physician

STATE OF MARYLAND

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FOR STATE			DIAL	E OF MARYLAND				
		DEPARTA		EALTH AND MENTAL HYG	IENE	7 1	9-11	395
REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.	9-11	000
1. DECEASED NAME FIRS	šT /	MIDDLE	ı	AST	20 DATE OF DEATH		OAY YEAR	2b. HOUR
GEOR	GE		GA	INES	May	-	21 79	4.45
3. SEX	4 RACE		5. DATE C	OF BIRTH	& AGE (IN YEARS LAST BIR	HOAY)	IF UNGER 1 YEAR	IF UNDER 24 H
Male	Black	k	6	5/ DAY 18 YEAR	60 yrs.		MONTHS DAYS	HOURS
Jet BIRTHPLACE ISTATE OR FOREIGN		WHAT COUNTRY?	1		9 BALTIMORE CITY C	1110	OF DEATH	
Md.	U. S	Δ	MARRIE	D NEVER MARRIED DIVORCED X	Baltimo	ce Ci	±37	
10 CITY OR TOWN OF DEATH				OR OTHER INSTITUTION	12a. USUAL OCCUPAT	ON	12h KIND O	F BUSINESS
Poltimore		H FACILITY, GIVE STREET		rsing Center	(TYPE OF WORK FOR MOST OF UNKNOWN		Unkr	Our
Baltimore USUAL RESIDENCE (IF NURSING H				ising center	Olikilowi	1	Oliki.	IOWII
13a STATE 13b	COUNTY	13c. CITY OR TOW			13a. STREET ADDRESS	l. Y		
Md. Ba	ltimore			YES NO	8702 Chu	cn L	ane	
M FIRST	MIDOLE	LAST		FIRST	MIDOLE		LAS	iT.
elton	Р.	Gaines		Maude	H.		Dors	ey
166 WAS DECEASED EVER IN U. (1985, NO OR UNKNOWN) (189)	SE CIVE WAR OR DATEST	166 SOCIAL SECU	IRITY NO	Pleasant Ma	nor Nursi	ng C	enter	
Yes w	Army Arm	212-13-4	4975	4615 Park F				
18 CAUSE OF DEATH (En	iter only one couse per	line for (o) (b), one	d (ct.)	0	1		BETWEEN	MATE INTERVAL ONSET AND DEA
PART I DEATH WAS C	AUSED BY: EDIATE CAUSE (a)	61 -	cinn	1MA (Cirls)	T/ Uno		2111	nos.
couse 101, stating t underlying cause la	1 000 10, 01	R AS A CONSEQUE	ENCE OF				1	
DADY O OTHER CICALIES	, (c)		DE 4 744 B117					
	ANT CONDITIONS CC	ONTRIBUTING TO (DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIV	EN IN PART 10	01
				NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES	S, WERE FINDIN	NGS USED
						20b. IF YES		NGS USED
19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYN	196 CONDI	TION FOR WHICH	OPERATIO		200 AUTOPSY?	20b. IF YES IN CERTIF YE	S, WERE FINDIN YING CAUSES S	NGS USED OF DEATH?
19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYIN	196 CONDI	TION FOR WHICH FINJURY M. MONTH DA	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES IN CERTIF YE	S, WERE FINDIN YING CAUSES S	NGS USED OF DEATH?
19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYH OR CONTRIBUTING CAUSE (IF EITHER: NOTH'T MEDICAL EXA 21d IN JURY OCCURRED	NG 21b TIME O OF OEATH MINER) 21b PLACE O	TION FOR WHICH FINJURY M. MONTH DA M. OF INJURY	OPERATIO AY YEAR 19	N WAS PERFORMED	20e AUTOPSY? YES NO DED JENTER NATURE OF INJU	20b. IF YES IN CERTIF YE RY IN ITEM 18, P	S, WERE FINDING CAUSES S ART I ORPART 2)	NGS USED OF DEATH? NO
19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYIF OR CONTRIBUTING CAUSE (IF EITHER NOTHY MEDICAL EXA 21d IN JURY OCCURRED	NG 21b TIME O OF OEATH MINER) 21b PLACE O	TION FOR WHICH FINJURY M. MONTH DA M.	OPERATIO AY YEAR 19	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES IN CERTIF YE RY IN ITEM 18, P	S, WERE FINDIN YING CAUSES S	NGS USED OF DEATH?
198 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYN OR CONTRIBUTING CAUSE (IF EITHER, NOTHY MEDICAL EXA WHILE NOT WHILE AT WORK AT WORK	196 CONDI NG OF GEATH HOUR A.I. P.I. 21e PLACE (AT HOME, STR	FINJURY M. MONTH DA M. OF INJURY EET, FACTORY, OFFICE, F	OPERATIO AY YEAR 19	N WAS PERFORMED	20e AUTOPSY? YES NO ED JENTER NATURE OF INJU CITY OR TOV	20b. IF YES IN CERTIF YE RY IN ITEM 18, P	S, WERE FINDING CAUSES S CART LORPART 2) COUNTY	NGS USED OF DEATH? NO
19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYH OR CONTRIBUTING CAUSE (IFEITHER. NOTIFY MEDICAL EXA 21d. IN JURY OCCURRED WHILE	NG 21b. TIME O OF OEATH HOUR A.I MINER) 21e PLACE ((AT HOME, STR hospital) attended the	FINJURY M. MONTH DA M. DFINJURY 16ET, FACTORY, OFFICE, F e deceosed from	OPERATIO AY YEAR 19 FARM, ETC.)	N WAS PERFORMED 21c. HOW INJURY OCCURR 21I LOCATION STREET	20e AUTOPSY? YES NO CONTROL NATURE OF INJUITED TO	20b. IF YES IN CERTIFY YE RY IN ITEM 18. P	S, WERE FINDING CAUSES S ART LORPART 2) COUNTY	NGS USED OF DEATH? NO STATE
210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE (IF EITHER, NOTH'T MEDICAL EXA 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (this say The deceosed all apone, (1) (we) (did) (196 CONDI NG OF OEATH HOUR A.I. AIL PLACE (AT HOME, STR	FINJURY M. MONTH DA M. DFINJURY 16ET, FACTORY, OFFICE, F e deceosed from	OPERATIO AY YEAR 19 FARM, ETC.)	211. HOW INJURY OCCURR 211. LOCATION STREET 19 79 nd that in (my) (our) opinion of	20e AUTOPSY? YES NO CONTROL NATURE OF INJUITED TO	20b. IF YES IN CERTIFY YE RY IN ITEM 18. P	COUNTY	NGS USED OF DEATH? NO STATE that (I) (we) I couses stated
19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYH OR CONTRIBUTING CAUSE (FEITHER, NOTIFY MEDICAL EXA 21d IN JURY OCCURRED WHILE NOT WHILE [AT WORK	NG 21b. TIME O OF OEATH HOUR A.I MINER) 21e PLACE ((AT HOME, STR hospital) attended the	FINJURY M. MONTH DA M. DFINJURY 16ET, FACTORY, OFFICE, F e deceosed from	OPERATIO AY YEAR 19 FARM, ETC.)	211. HOW INJURY OCCURR 211. LOCATION STREET 19 79 nd that in (my) (our) opinion of DEGREE	200 AUTOPSY? YES NO CITY OR TOV CITY OR TOV death occurred on the di MEDICAL STA	20b. IF YES IN CERTIFY YE YE IN ITEM 18. P	S, WERE FINDING CAUSES S ART LORPART 2) COUNTY	NGS USED OF DEATH? NO STATE that (I) (we) I couses stated
19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYED OR CONTRIBUTING CAUSE (IF EITHER. NOTIFY MEDICAL EXA 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify that (II) (this say The deceased all glove. (II) (we) (did) (6) 22b. SIGNATURE	NG 21b. TIME O OF OEATH MINER) 21b. PLACE ((AT HOME, STR hospital) attended the live an 3-2 did nat) view the body	FINJURY M. MONTH DA M. DFINJURY 16ET, FACTORY, OFFICE, F e deceosed from	OPERATIO AY YEAR 19 FARM, ETC.)	211. LOCATION STREET 19 79 nd that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN IS	20e AUTOPSY? YES NO CITY OR TOV CITY OR TOV death occurred on the death	20b. IF YES IN CERTIFY YE YE IN ITEM 18. P	COUNTY	NGS USED OF DEATH? NO STATE that (I) (we) I couses stated
19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYH OR CONTRIBUTING CAUSE (FETHER: NOTH'T MEDICAL EXA 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (II) (this soay The deceased oil glove; II) (we) (did) (i) 22b. SIGNATURE 22d. PHYSICIAN'S NAME	NG 21b. TIME O OF OEATH MINER) 21e PLACE ((AT HOME, STR hospital) attended the live on 2-2 did nat) view the body	FINJURY M. MONTH DA M. DF INJURY eter, FACTORY, OFFICE, F after death. 3 alar	OPERATIO AY YEAR 19 FARM, ETC.)	211. LOCATION 211. LOCATION STREET 19 79 and that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN 5	200 AUTOPSY? YES NO CITY OR TOWN CITY OR TOWN death occurred on the death occurred occurred on the death occurred occurred on the death occurred occ	20b. IF YES IN CERTIFY YE RY IN ITEM 18. P	COUNTY 19 29 ir and from the	NGS USED OF DEATH? NO STATE that (I) (we) I couses stated
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19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYH OR CONTRIBUTING CAUSE (IF EITHER, NOTHY MEDICAL EXA 21d IN JURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (I) (this soay The deceased all obove, (I) (we) (did) (c) 22b. SIGNATURE 22d. PHYSICIAN'S NAME Jaime M/ 23a. BURIAL, CREMATION, REMATION.	196 CONDI NG 216 TIME O OF GEATH HOUR A.I MINER) 21e PLACE (AT HOME, STR hospitol) offended the live on 5 - 2 did not) view the body TYPE OR PRINT) Punzalan	TION FOR WHICH FINJURY M. MONTH DA M. DF INJURY EET, FACTORY, OFFICE, F e deceosed from after death. A Alary M. D.	OPERATIO AY YEAR 19 FARM, ETC.)	211. LOCATION 211. LOCATION STREET 19 79 and that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN 5	200 AUTOPSY? YES NO CITY OR TOWN CITY OR TOWN death occurred on the death occurred occurred on the death occurred occurred on the death occurred occ	20b. IF YES IN CERTIFY YE RY IN ITEM 18. P	COUNTY 19 79 19 79 19 79 17 ond from the	NGS USED OF DEATH? NO state that (I) (we) I couses stoted SIGNED
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE (IF EITHER NOTHY MEDICAL EXA 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify that (I) (this saw the deceosed al above, II) (we) (did) (s) 22b. SIGNATURE 22d. PHYSICIAN'S NAME Jaime M/	196 CONDI NG 216 TIME O OF GEATH HOUR A.I MINER) 21e PLACE (AT HOME, STR hospitol) offended the live on 5 - 2 did not) view the body TYPE OR PRINT) Punzalan	TION FOR WHICH FINJURY M. MONTH DA M. DF INJURY EET, FACTORY, OFFICE, F e deceosed from after death. January M. D. 23c. N	OPERATIO AY YEAR 19 FARM, ETC.)	211. HOW INJURY OCCURR 211. LOCATION STREET 19 79 and that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN S 220. ADDRESS 5214 Harfor	28e AUTOPSY? YES NO CITY OR TOW CITY OR TOW CITY OR TOW MEDICAL STA DIRECTOR PHYSIC Cd Rd 9 2 23d LOCATION CITY OR TOWN	20b. IF YES IN CERTIFY YE RY IN ITEM 18. P	COUNTY S, WERE FINDING CAUSES COUNTY 19 29 , Ir and from the	NGS USED OF DEATH? NO STATE that (1) (we) 1

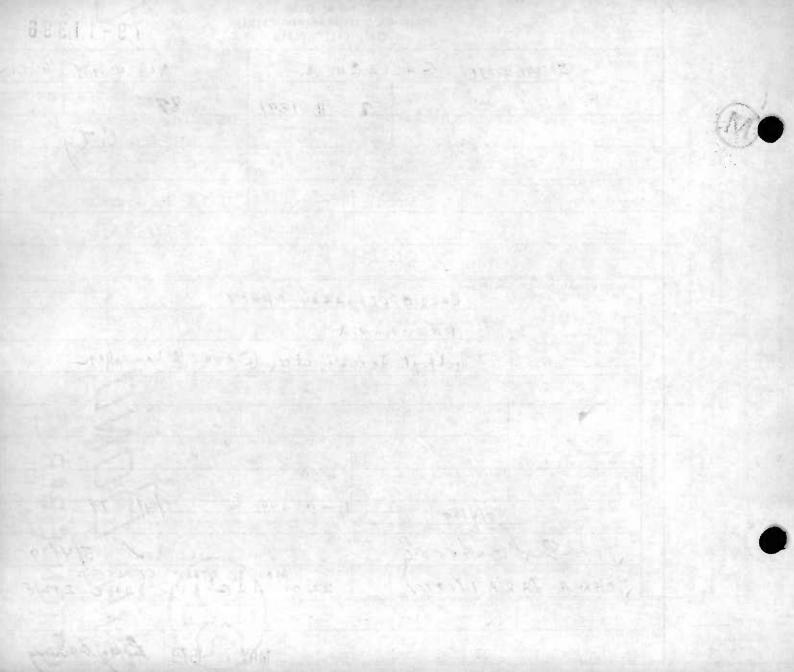
DHMH-16 20M (VRA 15, 4) 7/78

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral should be detached for use as the buriol-transit permit. Then please remove corbanapapers. Pages 1 and 2 should be filled within 72 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

Wm. C. March F/h 1101 E. North Ave MAY 23 1979

7.1-11335 purchase to the second of the

STATE OF MARYLAND



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, ar removal.

may

executed within 24 haurs after

1 - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-	11	3	9	7
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1 5 5				REG. NO.	
	ECEASED NAME FIRST Ann	MIDDLE	Gara	20. DATE OF DEATH MON	TH DAY YEAR 26. HOUR - 6-79 340 P
3. SE		1 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY	
	Female	White	Sept. 18,1918	60	MONTHS DAYS HOURS MIN
	SIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED MEVER MARRIED	9. BALTIMORE CITY OR CO	OUNTY OF DEATH
Ba	altimore, Md.	U.S.A.	WIDOWED DIVORCED	Baltimore	city,
	Baltimore	11. NAME OF HOSPITAL, NURSIN HENOTH SUCH FACILITY, GIVE STREET, Baltimore	G HOME OR OTHER INSTITUTION APPRESS) Ity Hospital	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO Meat Packe	RKING LIFE 126. KIND OF BUSINESS CONDUSTRY Packi
USU. 13a. S	STATE Md. 136 COUN	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE	ore 13d. INSIDE CITY LIMITS?		Plant ford Court
14. FA	ATHER'S NAME Michael	Selinsk		MIDDLE	Kida
160 V	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIVI	MED FORCES? 166. SOCIAL SECU E WAR OR DATES) 213–10–		timore, ADDRESS Garan-3309	Md21222. Belsford Cou.
	18. CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE	nly one couse per line for (a), (b), and	d (c). I		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
CERTIFICATION	PART 2 OTHER SIGNIFICANT (DEATH BUT NOT RELATED TO THE TERM	20a AUTOPSY? 201	b. IF YES, WERE FINDINGS USED
Z HE				YES NO	CERTIFYING CAUSES OF DEATH? YES NO NO
7.0	710. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA		RRED (ENTER NATURE OF INJURY IN	ITEM 18, PART 1 OR PART 2)
13	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	21f. LOCATION		
MEDICAL	WHILE NOT WHILE AT WORK		ARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
MEDICA	22a. I certify that (I) (this hospi sow the deceased alive on above, (I) (we) (did) (did no	ital) attended the deceased from_	79, and that in (my) (our) opinion	19, to 5/6	, 19 7, that (I) (we) I
MEDICA	22a. I certify that (I) (this hospi sow the deceosed alive on above. (I) (we) (did) (did no 22b. SIGNATURE	ital) attended the deceased from	79, ond that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	19, to 5/6	that (I) (we) I and hour and from the causes stated
MEDICA	22a. I certify that (I) (this hospi sow the deceosed alive on obove. (I) (we) (did) (did no 22b. SIGNATURE	ital) attended the deceased from	79, and that in (my) (our) opinion DEGREE ATTENDING	n death accurred on the date of	nd hour and from the causes stated
230	22a. I certify that (I) (this hospis sow the deceosed alive on obove. (I) (we) (did) (did not 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE O S BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	or PRINT) 134 DATE 1234 DATE 1234 DATE 1234 DATE 1236 DATE 1236 DATE 1236 DATE 1236 DATE 1236 DATE	DEGREE ATTENDING PHYSICIAN 220. ADDRESS BCH NAME OF CEMETERY OR CREMATORY Oak Lawn Cemet	MEDICAL STAFF DIRECTOR PHYSICIAN 234 LOCATION CITY OF TOWN CITY OF TOWN PAGE 157	ond hour and from the couses stated 271. DATE SIGNED

DHMH-16 50M 7/77 (VR A 15 (4))

Baltimore, Sva. 21224

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital ar attending physician

harles L. Stevens Funeral Home, Ise, 1501 E. FORT AVE

FOR

24 FUNERAL DIRECTOR

DHMH - 16 50M 7/77 (VRA 15 (4))

STATE OF MARYLAND

YEAR

IF UNDER 1 YEAR

2b. HOUR

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

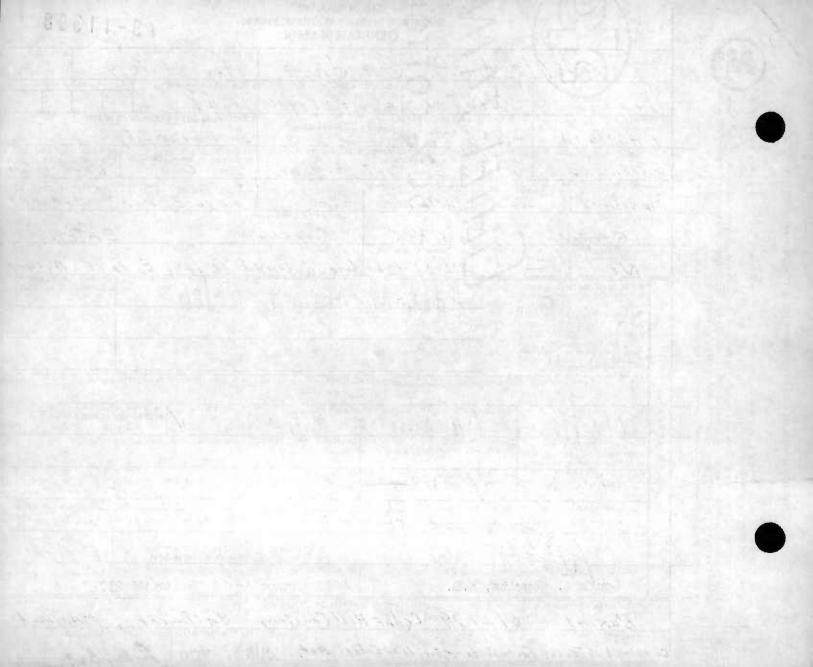
COUNTY

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

27L DATE SIGNED

IF UNDER 24 HRS

MIN



	CTATE OF MADVIAND
	STATE OF MARYLAND
OR	DEPARTMENT OF HEALTH AND MEN
TATE	CERTIFICATE OF DEA
EGISTRAR	CERTIFICATE OF DEA

79-11399 MENTAL HYGIENE

	REGISTRAR				CERTIFICATE OF DEATH			REG. N	0.			
		CEASED NAME FIRST		MIDDLE	ı	AST		20 DATE OF DEATH	MONTH	DAY YEAR	2b HC	OUR
5	(TYPE	ANN	-	LABETH	Gf	IRRE 15			5	20 79	1	2AM
2	3 SE)	X	4 RACE		5. DATE C		YEAR	6 AGE (IN YEARS LAST BIRT	HDAY)	MONTHS DAYS		DER 24 HRS
		temale	lu	hite	7	10	07	71	YRS	MOINTES DATS	TIOURS	Mus
		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 ** A D D IE	D NEVER AAABI	DIED [9 BALTIMORE CITY O	R COUN	TY OF DEATH		-
ŝS	Maryland U.S.				MARRIED NEVER MARRIED WIDOWED DIVORCED			Baltimore City MD.				
0	10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSIN LIFT OF HOSPITAL				T ADDRESS)			120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Homemaker				
0		Balto. Md. AL RESIDENCE (IF NURSING HOME O		rsity H		tal		Homemake.	L			
3	13a S	STATE 136 COU	NTY	Balto.		13d. INSIDE CITY L YES 🔼 NO		930 Jack	Str	eet		
	14 FA	ATHER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MA	IDEN NAM	ΛĒ MIDDLE			AST	
W		Harry		Duva11		The	resa					
1		VAS DECEASED EVER IN U.S. AF	RMED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFORMANT		ADDRE	SS			
	870			215-03-	4999	Theresa	a M.	Simmons	920 I			
		18 CAUSE OF DEATH Enter or			BETWEEN	XIMATE IN NONSET AT	TERVAL ND DEATH					
	110	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE TO CARDIAC ARREST							1.0	1. 3d		
		431- DUE TO, OR AS A CONSEQUENCE OF							1			
	. 79	Conditions, if any, which (b) INTRACRANIAL HEMMOKITAGE							7	77		
		gave rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF										
		underlying cause last	((c)					13115				3500
Ь	7	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE OR CON	DITION G	IVEN IN PART 1	la	
	CERTIFICATION											
5	ICA	190 DATE OF OPERATION	ITION FOR WHICH OPERATION WAS PERFORMED			D	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?					
1	RTIF					•		YES NO		YES 🗌	NO	
9		21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	216, TIME C	M. MONTH D	AY YEAR	21c. HOW INJURY	OCCURRI	ED (ENTER NATURE OF INJUI	RY IN ITEM 18	J, PART 1 OR PART 2)		
	CAI	(IF EITHER, NOTIFY MEDICAL EXAMINER) P.	М.	19							
	MEDICAL	21d. INJURY OCCURRED	21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, I	FARM, ETC.)	21f. LOCATION STREET		CITY OR TOV	VN	COUNTY		STATE
	-	AT WORK NOT WHILE				1,,,			-			
		220.1 certify that (I) (this hosp	# /AC/	- 3	79	, 1	9 79	, to	20	19 79		(we) last
sow the deceosed alive an 19 19 19 and that in (my) (aur) opinion death occurred on the date and above, (I) (we) (did) (did nat) view the body after death.									ote and ha			
	5.	226. SIGNATURE				DEGREE	NDING	MEDICAL STA		22c. DAT	ESIGNE	D
	M	8. Dal	mos			PHYS	ICIAN [DIRECTOR PHYSIC		5/-	20/	19
1		22d. PHYSICIAN'S NAME (TYPFOR PRINT)				22e. ADDRESS						
		L.6141N	67			umai	1036	,				
	23a. B	BURIAL, CREMATION, REMOVAL	236 DATE	23c. 1	NAME OF C	EMETERY OR CREA	ATORY	23d. LOCATION CITY OR TOWN		COUNTY		STATE
		Burial	5/23/	79 G1	en Ha	won Mem	PI-		rnie	A.A.	M	d.
	24 FL	UNERAL DIRECTOR		ADDRESS E	alto	21225	250 DATE	REC'D. BY REGISTRAR	251 75	FAR'S SUNI	Bree	he
	Ge	orge J. Gonc	e 4001	Ritchi	e Hgv		MIAT	4 9 13/9	6	17	-	

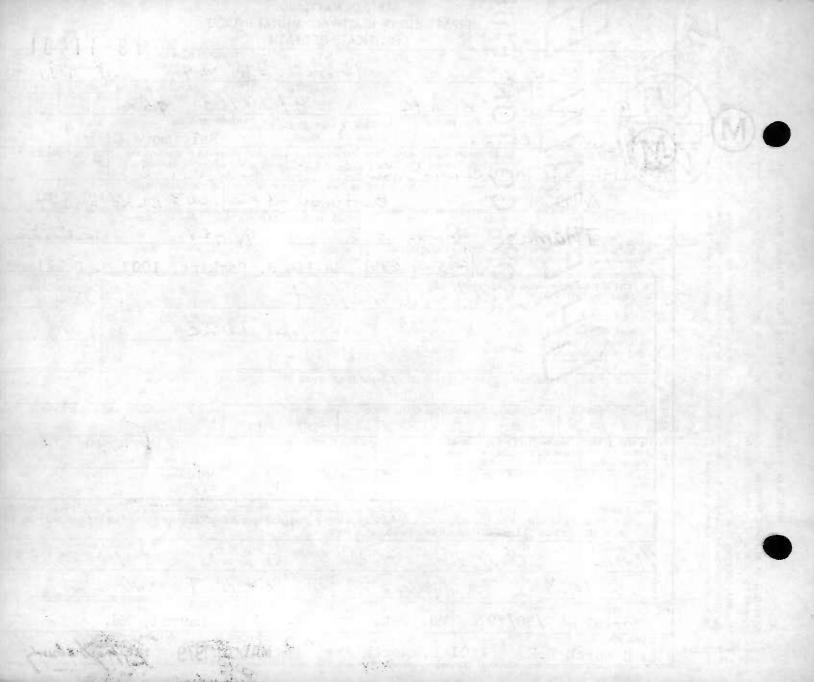
DHMH - 16 50M 1/76 (VR A 15 (4))

08811-87 wall-reministra z .a. .a. wally ma in Land of the contract of the Folia, K Sinch Street PARTY - DAY RECORDE OF ENGLESS - - - - 0.G 4 1 1 - 2 7 1 1 9 20 THE COUNTY OF THE PROPERTY OF A real Breight Differ wer L'interest aut et gale . A

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

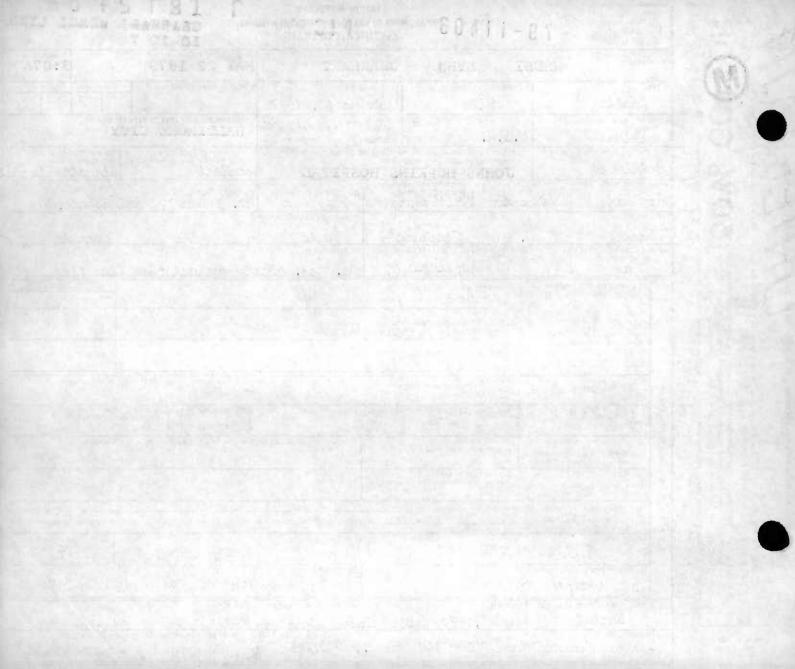
	2		CERTIFICATE OF DEATH 7 0 _ 1 1 4 0 1
d ye			CEASED-NAME First Middle Last 2a. DATE OF DEATH 1b. HOUR
4 de	3.58		pe or print) David GASKINSJR. MAY Month Day 1915
Poge Fection	700	3. SE	O lost birthdown Months DATS HOURS MIN.
1/200		2. 9	IRCHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARPHEN 9. COUNTY OF DEATH
(M)	22	dun.	MAKATED A HEALK MAKATED
	2	A	WIDOWED DIVORCED Baltimore City Md. O OWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of wark dane 12b. KIND OF BUSINESS OR
aufs d by	90	14	give street address) Dukeland Nursinduring most of working life, even if retired.) INDUSTRY
24 h ed irr shau	D		USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER
hin fill	\$ 3	admi	sion) STATE ND. 13b. COUNTY Baltimore IS NO 1003 DUKeland St.
with etely l and	Nau	14. F	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
E ag	7.500	11	Thamas Gaskins Sk. MALY
and c	within		WAS DECEASED EVER IN U.S. ARMED FORCES? Is, na, ar unknown) (If yes give war ar dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT Address St. 215-01-2440 Sallie J. Gaskins 1003 N. Dukeland
on appe			APPROXIMATE INTERVAL
certificate ng physici e carban p	eve		PART I DEATH WAS CALISED BY
certifi ng phy carb	u o		4/40 DIJE TO OR AS A CONSEQUENCE OF
-= >	puo		Conditions, if any, which gave) Afteroscleric Common Vessel Visions 18 Hears
0 -	, 10		rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF
t the y the pleas	e a d		last. (c)
s tha ned b Then	5		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
sign sign	, and	TION	19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
v req	Streemed 4	CERTIFICATION	YES NO CAUSES OF DEATH?
ician has	0 0		21c. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature af injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year
0.00	9	MEDICAL	(If either, notify medical exominer) P.M.
CIAN Jing ertifi	- P		21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. Na. City or Town Caunty State While 1 Nat while 1
PHYSICIAN: attending I his certific as the buri	ž.	4.0	While Nat while at work that (1) (this begins) attended the desired from 19 that (1) (we) lead
or o	a ieue		22a. I certify that (I) (this haspital) attended the deceased from, 19, ta, 19, that (I) (we) last saw the deceased alive an
ENDII Dital	Ŧ		causes stated abave, (I) (did nat) view the bady after death.
ATT has hed	Mental		224. SIGNATURE - HE STAFF DEGREE ATTENDING DIRECTOR DIREC
the total	v puo		20d DIVISITIAN'S . /
A P a	Health of		NAME (Type) NATHANTEL GEORGE HAGLER, IT 45 DRORY LA - BALTO, MP. 21229
HOSPITA retained to FUNERAL shauld be		230.	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (State) 23d. LOCATION (City or Town) (County) (State) REMOVAL SPECIAL
07 07 01 8	<u>_</u>	24	REMSYN SPECIAL 5/30/79 Md. Nat. Mem. Pk. Laure1, Md.
DHMH - 16 3/2			m C March F.H. 1101 E. North Ave.
(VR A15 (4))	1/1	THE C THE COLUMN OF HOLD



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE DECEASED NAME 20 DATE OF DEATH MONTH TYPE OF PRINTS Larry 5 15 Gastlen Lee 4 RACE 3. SEX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH YEAR HOURS MALE 78 TO BIRTHPLACE ISTATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED COUNTRY BALTIMORE CITY MARYLAND U. S. A. WIDOWED DIVORCED [O. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 17b. KIND OF BUSINESS OR JOHNS HOPKINS HOSPITAT (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY PRESTON ST. BALTIMORE MARYLAND 21201 1timore Infant USUAL RESIDENCE (IF NURSING FOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
1313. CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? Frederick Maryland Frederick 304 East Third Street YES T 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE Ear1 Gastley Bonnie Smith 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS Md . (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) No None Earl L. Gastlev. 304 E. Third St. Frederick APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY spendtown tarley IMMEDIATE CAUSE (0 DUE TO, OR AS A CONSEQUENCE OF Death Conditions, if ony, which Bram gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF DIVISION OF VITAL RECORDS, 201 W. underlying couse lost CardioResouration arrest PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0 CERTIFICATION 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED à IN CERTIFYING CAUSES OF DEATH? NOF YES [NO F and Mental Hygi 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Hem MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK 5-15 220.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on_ ond that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death. 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS Bruscher 10 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL Burial Resthaven Mem. Gardens Frederick Etederick n Shirthal Dradeley, Keeney & Bastord Funeral Home DHMH - 16 50M 7/77 (VR A 15 (4)) 106 East Church St. Frederick, Maryland

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220.1 certify that (1) this hospital) attended the deceased from 5 17 19 19 19 10 5 12 19 19 19 19 19 19 19 19 19 19 19 19 19	Health is ma			- 177	, ond that in (my) (our) apinion	, 18	, Ty
276. SIGNATURE 1276. SIGNATURE 1276. PATE S 1276. PATE	2 2		22b. SIGNATURE	1) 1	MD ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	22. DATE SIGNED 5/22/79
TO PHYSICIAN DIRECTOR PHYSICIAN			17. 1000				



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter

STATE OF MARYLAND

X	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 9 -	11404
	I. DECEASED NAME FIRST (TYPE OR PRINT) LEO		1-79 25. HOU
	3. SEX Male	4 DOCE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER CONTHS DAYS HOURS
at onc	70. BIRTHPLACE ISTATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY? 8 MARRIED & NEVER MARRIED 9. BALTIMORE CITY OR COUNTY WIDOWED DIVORCED BALTIMORE CITY OR COUNTY	ity
natified	Baltmore	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCREMENT) (IF NOT IN	
Ē	13a STATE	Baltimore YEST NO 1603 Cherry Si	+ 2/226
ехаш	Simon	MIDDE LAST Eleanor 15. MOTHER'S MAIDEN NAME FIRST MIDDLE	ünk.
e medica	160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES	erry St.
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orked or Item 18 shows any injury	TO THE THERE NOT IN THE LEASE OF THE THE LEASE OF THE LEA	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20d. AUTOPSY? 20b. IF YES. IN CERTIFY YES. P.DEATH HOUR A.M. MONTH DAY YEAR P.M. 19 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PA P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21l. LOCATION STREET CITY OR TOWN	WERE FINDINGS USED FING CAUSES OF DEATI NO TO NO
MPORTANT: If Item 21 is mo	sow the deceased alive	DEGREE ATTENDING PE OR PRINT) ATTENDING DIRECTOR PHYSICIAN 22e. ADDRESS	979, that (1) (1 and from the couses store 22c. DATE SIGNED 05-20-7
₹	230. BURIAL, CREMATION, REMOVE BURIAL	VAL 1736 DATE 230 NAME OF CEMETERY OR CREMATORY 238 LOCATION	county stat

DHMH - 16 50M 7/77 (VR A 15 (4))

retained by the hospital or attending physicio

24 FUNERAL DIRECTOR
Mc Cully I Funeral Home

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

TO AND THE PROPERTY OF THE PARTY OF THE PART 10111-07 A. GELLIN BAUMAS CO-20-79 12 15 Literatura of 12=24=12 THE THE STATE OF T Laction of the party of the same of the same of the same of DEANE STONESS OF THE CONTRACTOR 144 Simon Gelm melanas Elasnor Ex soverous to an all a lateral PHEEDER GROWING CONTROLLE CO. I CONTROLLE En has in in the line I when a The state of the s and the state of t Exercise Service Help Part of the Conservation House P. Deglaca Med. Beer S. Homen & St. Pallery 20230 - 15/23/79 | 15/24/20 14 Jan 1 The North Control of the Control of STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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attending physicion and completely filled in by the funeral nove corbonpapers. Pages 1 and 2 shauld be filed within 72

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carbanpaper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal

OR ATTENDING PHYSICIAN: The lo offending physicio

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TO HOSPITAL OR ATTENI

FOR STATE

EUANS, 8802 HAVLOVA

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-11406

250. DAT TONOTHY REGISTRAR 256. REGISTRAR 5 SIGN THERE

	REGISTRAR							REG. NO	٥.		
	PECEASED NAME	FIRST	٨	MIDDLE	LAS	Ť		2a. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	PE OR PRINTS	Thelma	2	1.	GER	KIN		Ma	4 29	1979	8:10A M
3 S	EX		4 RACE		5. DATE OF	BIRTH	THE STATE OF THE S	6 AGE (IN YEARS LAST BIRT		IF UNDER I YEAR	IF UNDER 24 HRS
	F		W		SEPT	DAY 11	1918	60	YRS.	MONTHS DAYS	HOURS MIN.
7a	BIRTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AMARRIED	NIEVE	R MARRIED	9 BALTIMORE CITY O	R COUNT	TY OF DEATH	
5	NV.		USA		WIDOWED		DIVORCED	Baltimore			MD.
10.	CITY OR TOWN OF D	EATH	(IF NOT IN SUC	HOSPITAL, NURSIN CHEACILITY, GIVE STREET	ADDRESS)			120 USUAL OCCUPATH (TYPE OF WORK FOR MOST OF	F WORKING		OF BUSINESS OR
115	Battimore UAL RESIDENCE (IF NU	DEING MOVE OF		land Gene		spita	17	Stat. Supper	> >	11/41	ING
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£ 14.1	BASI /	TIR	by SR	LAST	1		SWIFE L.	SA HURRS		LAS	51
160	WAS DECEASED EVE (YES, NO OR UNKNOWN)		WAR OR DATES)	2141-01-2		7 INFORA	FAMIL.	Y RIZCOROS			
	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)										MATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE TO Respiratory Failure										STORE !
	DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which (b) Hyperventilation									10 m	inutes
	gove rise to immediate									THU LES	
	cause (a), stating the underlying cause last DUE TO, OR AS A CONSEQUENCE OF Oliguria And Metabolic Acidosis										
-	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/o										
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원	DATE OF GREAT	.,,,,,,,,	7,2 201101	THOUSE ON THE PROPERTY OF THE	0, 5,0,0,0		Olivico		IN CERT	TIFYING CAUSES	OF DEATH?
1 2	ACCIDENT WAS I	NOEDIVING F	1 216. TIME O	AF IN LINEW		31- 4014	IN LILIBY OCCUPE	YES NO		YES [NO 🗆
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AED!			21e PLACE (OF INJURY REET, FACTORY, OFFICE, FA		71f. LOCA STREE	TION	CITY OR TOW	N	COUNTY	STATE
1	AT WORK AT V	WHILE O			11175						
	22a.1 certify that	(this hospit	al) attended the	e deceased from		4	19_79	,			thot XIX (we) last
	saw the deced	sed alive an	May 29	atter death	9, and	that in (2	(our) opinian	death occurred an the do	ite and ha	our and from the	causes stated
	226. SIGNATURE	talar talaria	view The Body	oner deom.	DE	GREE			5.4	22c. DATE	SIGNED
	PHA	dista	Patera	uile .	L	13	ATTENDING	MEDICAL STAF		5 00	70
-	22 d. PHYSICIAN'S I					77e. ADDR		DIRECTOR PHYSIC	IAN LY	5-29-	-/9
	3 2 may 5 17 m								13.0.		
			aik, M.					d General H	ospi	tal	
23a	BURIAT CREMATION	REMOVAL	23b. DATE				R CREMATORY			* COUNTY	STATE
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24	FUNERAL DIRECTOR			1		,	25a. DAT	PRINDERY REGISTRAR	25b. REG	STRAP'S SIGNAL	WRIZ .

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DHMH - 16 60M 1/75 (VR A 15 (4))

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May 14 70 Nay 29 79 CA

10111-61

I. DECEASED NAME 2a. DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED EUGENE GILLESPIE 4 RACE 6. AGE (IN YEARS | IF UNDER 1 YR DATE · LAST BIRTHDAY) PRONOUNCED black ma le DEAD - 25-22 56 YRS 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR MARRIED NEVER MARRIED Baltimore City WIDOWED DIVORCED irainia NURSING HOME, OR OTHER INSTITUTION 1330 N. Bond Street Baltimore Steel worker JSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13b COUNTY d. VITAL 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME C MIDDLE AND 160 WAS DECEASED EVER IN U.S. ARMED FORCE (YES, NO, OR UNKNOWN) CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY: Hypertensive arteriosclerotic cardiovascular IMMEDIATE CAUSE OF THE TOTAL TOTAL CONTROL OF THE TOTAL CONTROL OT THE TOTAL CONTROL OF THE TOTAL CONTROL OF THE TOTAL CONTROL OT THE TOTAL CONTROL OF THE T DISEASE Conditions, if ony, which gave rise to immediate couse (o) stoting the under-R DUE TO, OR AS A CONSEQUENCE OF lying cause last DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) × CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? TO BURIAL, BE PRIOR TO BURIA 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) SHOULD HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE AT WORK EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST 22a. I certify that I took charge of the remains described above, held on and in my opinian death resulted from: Natural causes XX Undetermined manner Accident Homicide TITLE (SPECIFY) ACTUAL Assistant EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn Street (TYPE OR PRINT) 73c NAME OF CEMETERY 23g PURIAL CREMATION REMOVAL 23b, DATE

FOR - STATE

REGISTRAR

24. FUNERAL DIRECTOR

DHMH - 17 (VR A15 ME (5)) 15M 7/76

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

DAY

15 10 79

YEAR

12b KIND OF BUSINESS

BETWEEN ONSET AND DEATH

20. AUTOPSY?

YES

COUNTY

COUNTY

NO X

STATE

5/16/79

STATE

7:47

15, 79

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STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE -

STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2n DATE OF DEATH 2b. HOUR (TYPE OR PRINT) May 7, 1979 1:45 A Marie Frances Glose 6. AGE (IN YEARS LAST BIRTHDAY) 3 SEX 4 RACE 5 DATE OF BIRTH MONTH 1898 80 White Female Aug. To BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland Baltimore City WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore Maruland General Hospital Homemaker Own Home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13b COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 13c CITY OR TOWN 3103 N. Charles St. Md. Balto. YES X 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Bradley Robert Sullivan Annie 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS 16h SOCIAL SECURITY NO (YES, NO OR UNKNOWN) I LIE YES GIVE WAR OR DATES! 220-52-2658 Mr. Fred P. Glose Same No APPROXIMATE INTERVAL 18 CAUSE OF DEATH Enter only one couse per line for (a), (b), and (PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE IN Myocardial Infraction DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove rise to immediate cause lat, stating the DUE TO OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOK 216 TIME OF INJURY 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21f LOCATION 21e. PLACE OF INJURY CITY OF TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE to Mau 220.1 certify that (X (this hospital) attended the deceased from Mai 5 1979 sow the deceased plive on May 7 1979 19 above, (Live) (did) (did) (did) view the body after death. ____, and that in (nX (our) opinion death occurred on the date and hour and from the causes stated 226. SIGNATURE 22r. DATE SIGNED DEGREE ATTENDING MEDICAL 5/7/79 PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS Clifford Malanowski M.D. c/o Maryland General Hospital

231 NAME OF CEMETERY OR CREMATORY

Greenmount

should be with the BP DHMH - 16 60M 1/75

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE.

(VRA 15(4))

Cremation

230. BURIAL, CREMATION, REMOVAL 23b. DATE

Henry W. Jenkins & Sons Co. 24 FUNERAL DIRECTOR 21212 Balto .. York Road

23d. LOCATION

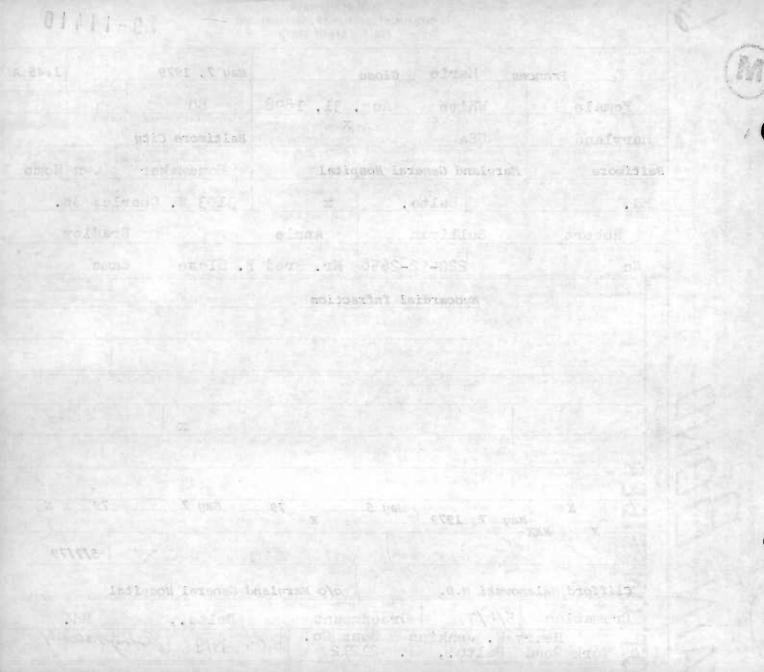
Balto.,

250. DATE REC'D. BY REGISTRAR 250 TO STRAR'S SO WILLIAM

Md.

COUNTY

STATE



STATE OF MARYLAND

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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours ofter draft. Foggered by the hospital as oftending physicion.	
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natified at once.

STATE OF MARYLAND FOR - STATE CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-11412

REGISTRAR	CERTIFICATE OF PERTIF	REG. NO.	
DECEASED NAME FIRST MIDDLE TYPE OR PRINT)	LAST	2a. DATE OF DEATH MONTH DAY	YEAR 26. HOUR
JAMES M.	GOLDSCHEIDER	MAY 8, 1979	11 A.M.
SEX 4 RACE	5 DATE OF BIRTH		DER 1 YEAR IF UNDER 24 HRS
MALE WHITE	SEPT. 10°, 1925	53	
BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUN	TRY? 8 MARRIED . NEVER MARRIED XX	X BALTIMORE CITY OR COUNTY OF E	DEATH
MARY LAND USA	WIDOWED DIVORCED	BALTIMORE CITY	MD.
(IF NOT IN SUCH FACILITY, GIVE		(TYPE OF WORK FOR MOST OF WORKING LIFE) IN	b. KIND OF BUSINESS OR
	ERSTOWN RD.	PROPRIETOR	REAL ESTATE
SUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE ID. STATE 136 COUNTY 136, CITY OR	TOWN 13d INSIDE CITY LIMITS?	13e. STREET ADDRESS	T DD #0101F
MARYLAND BALTI	MORE YES XX NO [2804 REISTERSTOWN	N RD. #21215
FIRST MIDDLE LAST	FIRST	MIDDLE	OLDSHIDER
HARRY GOLDSCHEIDER WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL	SECURITY NO. 17 INFORMANT		1209
(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)		LDSCHEIDER 2442 FORE	
110		LUSCHETDER 2442 FOR	
18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) PART I. DEATH WAS CAUSED BY:	andiciona of Cal	2on	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1539 IMMEDIATE CAUSE (a)	ecte		6 7.00
DUE TO, OR AS A CONS	SEQUENCE OF		
Conditions, if ony; which gave rise to immediate			
cause (a), stating the DUE TO, OR AS A CONS underlying cause last.	SEQUENCE OF		
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT BELATED TO THE TERM	AINAL DISEASE OF CONDITION GIVEN IN	J PART 1(a)
	botton weether to the text	MINNED IS CASE ON CONDING IN CITE IN I	· / / / / / / / / / / / / / / / / / / /
196 DATE OF OPERATION 196 CONDITION FOR W 21g. ACCIDENT WAS UNDERLYING 22b. TIME OF INJURY	HICH OPERATION WAS PERFORMED		RE FINDINGS USED
		YES NOT YES T	CAUSES OF DEATH?
21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY	216 HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1	OR PART 2}
	DAY TEAR		
(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21d INJURY OCCURRED 4THOME, STREET, FACTORY, O	211. LOCATION STREET	CITY OR TOWN CO	OUNTY STATE
WHILE AT WORK AT WORK	PPICE, PARM, ETC.)	/ /	SIAIL
220.1 certify that (1) (this hospital) attended the deceased f	rom 1963 19		, that (I) (we) lost
sow the deceosed plive on solve, (I) (we) (did) (definition view the body after death.	19, and that in (my) (our) apinion	death accurred on the date and haur ond	from the couses stated
22b. SIGNATURE	DEGREE		22c. DAY SIED
Tis Place	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	3/0/19
22d. PHYSICIAN'S NAME (TYPE OR PRINT)	22e. ADDRESS		-
EDWARD S. KALLINS, M.D.	6000 PARK H	HEIGHTS AVE. #212	15
a. BURIAL, CREMATION, REMOVAL 23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION COUNTY OF TOWN	UTY STATE
(SPECIFY) BURIAL MAY 9,1979	BNAI JACOB	BALTIMORE COUNTY	MARYLAND
I. FUNERAL DIRECTOR SOL LEVINSON & BRO	33	TE REC'D. BY REGISTRAR 21	Metribaly
6010 REISTERSTOWN RD., BALTO)., MD 21215 MAY	14 19/9	/

DHMH - 16 50M 1/76 (VR A 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 1053 (TYPE OR PRINT) GOLDSTEIN IDA 4 RACE 92 3. SEX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR EMALE 30 7a BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED - BALTIMORE NEW YORK AT HOME HOUSEWIFE DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS BALTIMORE 130 STREET ADDRESS 6915 PARK HTS. AVE. #21215 filled ovld b 136 COUNTY 13d INSIDE CITY LIMITS? MARYLAND YES XX 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE REICHER RACHEL SILVERSON NATHAN 17 INFORMANT MELVIN TROSCHODRESS 166 SOCIAL SECURITY NO 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) 2 KENMONT CT. - OWINGS MILLS, MD 21117 084-28-1409 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for to), (b), and ici |
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (O. DUE TO, OR AS A CONSEQUENCE OF ASC U Canditions, if any, which gove rise to immediate ioi, stating DUE TO, OR AS A CONSEQUENCE OF underlying couse CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPS 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? the burial-transit pand Mental Hygiel 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE DE 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased fram 79 , and that in (my) Our Opinion death accurred on the date and have and from the causes stated deceased alive on abave (Mg did de not view the body ofter death DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR MPORTANT: 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS should be with the S MT. HOPE 230 BURIAL, CREMATION, REMOVAL NEW YORK SOL LEVINSON & BROS., INC. 25a. DATE REC'D. BY REGISTRAR 25b. DHMH - 16 50M 1/76 (VR A 15 (4)) BALTO. MD 21215 6010 REISTERSTOWN RD.

15M 7/76

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Leonardtown, Md.

Clarke Mattingley

(VR A 15 (4))

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1979

YES -

COUNTY

COUNTY

Mary's

STRAN'S STENABIRE

22c. DATE SIGNED

5-10-79

7:33P M

IF UNDER 24 HRS

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APPROXIMATE INTERVAL

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x 5-10-79		#:0.			

Lastingeoff Leaners Brailwall Mospital

FOR

- STATE

REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

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(VR A 15 (4))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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2617 PENNSYLVANIA AVE S.E.

MIDDLE

FOR

REGISTRAR

1. DECEASED NAME

- STATE

DHMH-16 20M

(VRA 15, 4) 7/78

ALEXANDER S. POPE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

REG. NO 2a DATE OF DEATH MONTH 2b. HOUR 2:35P IF UNDER I YEAR IF UNDER 24 HRS HOURS MONTHS DAYS BALTIMORE CITY OR COUNTY OF DEATH 126. KIND OF BUSINESS OR INDUSTRY PARKING RD S.E. LAST 1136 SUMNER RD 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO I

COUNTY

COUNTY

HENRARY 256. REGIERARS SIGNATURE TO A

22c DATE SIGNED

5/2/79

STATE

STATE

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A	A STATE OF	
filled in by the funeral director.	ould be filed withm, 72 hours of	
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fun	should be detached for use as the burial-transit permit. Then please remave corbanpapers. Pages 1 and 2 should be filed withm, 72 h	or removal.
has been signed by the atten	t permit. Then please remave a	with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
ECTOR: After this certificate	ed for use as the burial-transit	ot, of Health and Mental Hygin
TO FUNERAL DIR	should be detache	with the State Dep

injury, ar ather traumatic event, the medical examiner must be notified at ance.

MPORTANT: If them 21 is marked at Item 18 shaws any

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-11419

d		REGISTRAR				CERTIF	ICATE OF DEAT	Н	REG. N	10.		
	1. DEC	CEASED NAME	FIRST	^	MIDDLE	11 :	AST	1	0. DATE OF DEATH	MONTH D	AY TEAR	21 HOUR
			TURA	7	5. 6	-OK	CLON			5 5	79	100 PM
	3. SEX	Forma!	(1)	RACE 2	V	5. DATE C	DAY Y	EAR	AGE (IN YEARS LAST BIR		ONTHS DATS	HOURS MIN
	2- 011	ZIIIAL	2	DIAC	C COURTERIOR	4	- 23-1	79	1/(YRS.		
	,cc	RTHPLACE (STATE OR FO	OREIGN 76	CITIZEN OF	WHAT COUNTRY?	MARRIE	NEVER MARRI		BALTIMORE CITY	CILA	OF DEATH	
6	10 CI	TY OR TOWN OF DEA	TH 11.				DE DIVORC	ON I	20 USUAL OCCUPAT			MD. F BUSINESS OR
g	BI	9LT, M	d. 6	-KEAT	FACILITY, GIVE STREET	EN.1	NURSING	CTR	TYPE OF WORK FOR MOST C	OF WORKING LIFE	INDUSTRY	
5	13 o . S	MY	136 COUNTY	HER INSTITUTION,	134 CITY OR TOW	/N	134 INSIDE CITY LIV YES 🔁 NO		30. STREET ADDRESS	Mev	ur st	
O	14 FA	BOND 7	IN E MIST	IN S	LAST		15. MOTHER'S MAI	16 2	VEFTE		LAST	
		AS DECEASED EVER	IN U.S. ARMEI (IF YES, GIVE WA		166. SOCIAL SECU		17 INFORMANT	NIM	145 7 0C	ess my	OUNA	14
		18 CAUSE OF DEATH	H Enter only o	ne cause per	line far (a), (b), ar	id ic .i				1 7 3	APPROXIM BETWEEN O	MATE INTERVAL
		D A C	IMMEDIATE C		(Drae	eu	/www	2				
		2376		DUE TO, OF	R AS A CONSEOU	ENCE OF						
	9	Canditians, if any, gave rise to imm	nediate	(p)								
		cause (a), statin underlying cause		DUE TO, OF	R AS A CONSEOU	ENCE OF						
	3	PART 2. OTHER SIGN	LIFICANT COM	NDITIONS CO	ONTRIBUTING,TO	DEATH BUT	NOT RELAJED TO T	HE TERMIN	IAL DISEASE OR CON	IDITION GIVE	N IN PART 1(o	1
	ON O	Eld	5/2	0 Ke	Left	hen	uf lefte	i				
7	CERTIFICATION	19a DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED		200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDIN	GS USED OF DEATH?
-	CER	21a. ACCIDENT WAS UND		21b. TIME O		VEAD	21c HOW INJURY	OCCURRE	D (ENTER NATURE OF INJU			
1	Z. A.	OR CONTRIBUTING C		P./	M, MONTH D M,	19						
	MEDICAL	21d. INJURY OCCURE	HILE [7]	21e. PLACE (OF INJURY EET, FACTORY, OFFICE,	FARM, ETC.]	211. LOC ATION STREET		CITY OR TO	wN	COUNTY	STATE
		22a. I certify that (I)	TKIN,	attacked the		4	7 7 10	74	- to 5 -	65 1	0 10	han the form last
		saw the decease abave, (1) (we) (o	ed alive an	5- 6	197	9 . an	nd that in (my) (aur)	apinian de	ath accurred an the d	ate and haur		hat (I) (we) last auses stated
		226. SIGNATURE	ild) (ald flat) v	21	1		DEGREE	2.15	- E-34. Y	ALSO DE	22c. DATE S	SIGNED
		1	9001	Lew			ATTEN PHYSI	DING CIAN AT	MEDICAL STA			
		22d PHYSICIAN'S	AME ITHINGOIN		Rosle	4	22e. ADDRESS	w.	North >	tre C	Balle	
	230. B	URIAL, CREMATION,	REMOVAL	36. DATE			EMETERY OR CREM.		23d. LOCATION	70	COUNTY	STATE
	24. FL	INERAL DIRECTOR	care	130	3 ADDRESS	1/mg	n st	250. DATE F	REC'D. BY REGISTRAR	15h. RECOSTA	AR'S SIGNAT	resoly
		m/ VT	0	003	' /			MIAI	T 0 13/3	but	7.	/

DHMH - 16 50M 7/77 (VR A 15 (4))

ATTENDING PHYSICIAN: The low

TO HOSPITAL OR ATTENDING PHYSICIAN: The Iretained by the hospital or attending physician.

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STATE OF MARYLAND

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Marshafiow. Jones. Jr. Funeral Home, P.A. Purnell B. Oden/4101 Edmondson Ave/Balto/21229

IF UNDER I YEAR

DAYS

2b. HOUR

HOURS

12b. KIND OF BUSINESS OR

Shigg

YES [

25a. DATE REC'D. BY REGISTRAR 25b. RECOTRAR'S-SIC NATURE

COUNTY

22c. DATE SIGNED

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IF UNDER 24 HRS.

21229

NOF

STATE

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO

CERTIFICATE OF DEATH

DHMH - 16 50M 7/77 (VR A 15 (4))

- STATE

REGISTRAR

13-11421 the first of the second of

			STATE OF MARYLA	ND			
1	FOR STATE REGISTRAR		NENT OF HEALTH AND A CERTIFICATE OF D	EATH .	REG. NO.	9-114	22
	ECEASED NAME FIRST KENNETH	WILLIAM	GRAY	27.	10/79	DAY YEAR 26.	HOUR
3. SE		4 RACE	S. DATE OF BIRTH MONTH DAY 07 15		YEARS LAST BIRTHOAY)	MONTHS DAYS HO	30 PM UNDER 24 HRS DURS MIN.
001	OTHPLACE ISTATE OR FOREIGN COUNTRY) Arvland	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER M	APPIED . P. BALTIM	ORE CITY OR COUN	TY OF DEATH	MD
notified 10 C	BALT I MORE	11. NAME OF HOSPITAL, NURSIN		ITUTION 12e. USUAL	OCCUPATION SEPTEM OF WORKING	126. KIND OF BI	
13a	Md. Balt	other institution, give residence before ITY 13c. CITY OR TOW Arbutu	N 13d. INSIDE CI	NOX 4712		Terrace	(Calling)
14. F	Benjamin	Gray LAST		MAIDEN NAME IRST Arah	MIDDLE	reeden	
	(YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECU 212-09-		Roselind	M. Gray	(as abo	ve)
rinjury, or other froumotic	1. pulmonars	DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO I	DEATH BUT NOT RELATED	mia 3. R	lenal Fa	ilme.	
8 shaws ony injur	190 DATE OF OPERATION	196. CONDITION FOR WHICH		YES 🗌	NO 🔀		USED DEATH?
MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH D, P.M. 21a PLACE OF INJURY	19 211 LOCATIO	JURY OCCURRED (ENTER N			
WE	WHILE NOT WHILE TAT WORK 220.1 certify that (1) (this haspi	(AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC) STREET	_, 19, to	CITY OR TOWN	, 19, tho	state
If Item 21 is	sow the deceased alive an above, (1) (we) (did) (did no 22b. SIGNATURE	Flight 1-301.Mg	DEGREE	(our) opinion death occurr	STAFF	our and from the cou	
MPORTANT 138	22d. PHYSICIAN'S NAME (TYPE O		22e ADDRES		R 🗌 PHYSICIAN 🛣	3/0	1/1
204.	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	and the state of the	NAME OF CEMETERY OR C	CITY	ation ortown ltimore,	county Marvlar	STATE
The second second	FUNERAL DIRECTOR	Truman Schw		25a. DATE REC'D. BY	REGISTRAR 256. REG	PTDANCE CHE MATTE	i

19-11122

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DHMH - 16 60M 1/75 (VR A 15 (4))

shauld be with the S

23g. BURIAL CREMATION, REMOVAL

24 FUNERAL DIRECTOR RICE. P.A.

23b. DATE

22d. PHYSICIAN S NAME (TYPE OR PRINT)

1300 Eutaw Pl.

Balto. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

c/o Maryland General Hospital

23d LOCATION

DIRECTOR PHYSICIAN

PHYSICIAN []

22e. ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cem.

COUNTY

Md.

C S # D I - 0 7

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requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital or attending physician.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	1.	FOR STATE REGISTRAR		DEPARTA		ICATE OF DEATH	REG. N	.79-	-114	24
		CEASED NAME FIRST		MIDDLE		AST	20. DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
	,,	Gonz	ia		G.	REEN	Mau	25.	1979	5:45A
	3 SE	X	4 RACE		S. DATE C		6 AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24
	М	Male	Black	<	04	24 1926	53	YRS	MONTHS DAYS	HOURS N
e Ce		IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	В	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
570	B	aton, N.C.	U. S	5.A.	WIDOWE		Baltimor	e Citi	,	
peq	10 C	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION	12b. KIND C	OF BUSINESS
to 4/x		altimore	Mary	land Gene:	ral H	ospital	Maintena		Balt	o, Ci
must be	13a S	AL RESIDENCE (IF NURSING HOMI STATE 136 CC aryland		N. GIVE RESIDENCE BEFORE 130 CITY OR TOWN Baltimo	N	138 INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 1419 N.	Ellar	mont A	ve.
niner	14. FA	ATHER'S NAME	winour.		73.	15. MOTHER'S MAIDEN NA	ME			
XOX		Mr. Charley	MIDDLE			Georgia	MIDDLE		Shar	pton
0 1		WAS DECEASED EVER IN U.S.		166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDR	ESS		
Bed	(Yes, NO OR UNKNOWN) (IF YES, O	GIVE WAR OR DATES)	246-16-	7384	Mr. Michae	1 Green 1	410 N	J F11	amoni
w		cause (a), stating the								
s any injury, ar ath	ICATION	underlying couse lost PART 2 OTHER SIGNIFICAN	it CONDITIONS C	ontributing to d	assiv DEATH BUT hin I	e Congestion NOT RELATED TO THE TERM ntra-abdomina N WAS PERFORMED	INAL DISEASE OR CON	es 20b. IF YES	ZEN IN PART 10 S, WERE FINDING EYING CAUSES	NGS USED
shaws any injury, ar ath	RTIFICATION	PART 2 OTHER SIGNIFICAN Metastatic A 19a. DATE OF OPERATION	T CONDITIONS CONDITION	Chronic Pa CONTRIBUTING TO D I NOMA WITE DITION FOR WHICH	assiv DEATH BUT hin I	NOT RELATED TO THE TERM ntra-abdomina N WAS PERFORMED	Lymph Nod 200 AUTOPSY? YES NO	20b. IF YES IN CERTIF YE	S, WERE FINDII FYING CAUSES S 🗽	NGS USED
Shaws	CAL CERTIFICATION	underlying couse lost PART 2 OTHER SIGNIFICAN Metastatic A	T CONDITIONS COMPONENTS CONDITIONS CONDITION	Chronic Pa CONTRIBUTING TO D I NOMA WITE DITION FOR WHICH	ASSIV DEATH BUT HIN I OPERATIO	NOT RELATED TO THE TERM ntra-abdomina	Lymph Nod 200 AUTOPSY? YES NO	20b. IF YES IN CERTIF YE	S, WERE FINDII FYING CAUSES S 🗽	NGS USED S OF DEATH
rked ar 18m 18 shaws any injury, ar ath	MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICAN Metastatic A 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	IT CONDITIONS COME TO THE PROPERTY OF THE PROP	Chronic Parametring to E inoma Witi DITION FOR WHICH OF INJURY	ASSIV DEATH BUT HIN I OPERATIO AY YEAR 19	NOT RELATED TO THE TERM ntra-abdomina N WAS PERFORMED	Lymph Nod 200 AUTOPSY? YES NO	20b. IF YES IN CERTIF YE	S, WERE FINDII FYING CAUSES S 🗽	NGS USED S OF DEATH NO
If Hem 21 is marked ar Hem 18 shaws:		UNDERLYING COUSE LOST PART 2 OTHER SIGNIFICAN METASTATIC A 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMINATION OF CURRED) WHILE NOT WHILE ON THE INC.	IT CONDITIONS COME TO THE PROPERTY OF THE PROP	Chronic Parametric Par	ASSIV DEATH BUT HIN I OPERATIO AY YEAR 19 ARM. ETC.)	NOT RELATED TO THE TERM ntra-abdomina. N WAS PERFORMED 21c. HOW INJURY OCCUR! 21L LOCATION STREET	Lumph Nod 20a AUTOPSY? YES NO CITY OR TO LUMPH NOD 20a AUTOPSY? YES NO CITY OR TO CITY OR TO MEDICAL STA	20b. IF YES IN CERTIF YE WN	S, WERE FINDII YING CAUSES S ATTION PART 2) COUNTY	NGS USED OF DEATH NO STATE THAT XX (we couses state SIGNED
Item 21 is marked ar Item 18 shaws:		Underlying couse lost PART 2 OTHER SIGNIFICAN Metastatic A 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (WE EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 22a.1 certify that XX this ho saw the deceased alive above X1 (we) (did) XX 22b. SIGN ATURE	denocarc 19b CONE 19b CO	Chronic Parish Contributing to E inoma Witi DITION FOR WHICH OF INJURY A.M. MONTH DA A.M. COF INJURY TREET, FACTORY, OFFICE, F. The deceased from y ofter death.	ASSIV DEATH BUT HIN I OPERATIO AY YEAR 19 ARM. ETC.)	NOT RELATED TO THE TERM IN WAS PERFORMED 211. HOW INJURY OCCURF 211. LOCATION STREET 20 , 19 79 and that in (** (our) opinion of the physician of the phys	Lumph Nod 20a AUTOPSY? YES NO CITY OR TO CITY OR TO MEDICAL STA DIRECTOR PHYSI	20b. IF YES IN CERTIF YE RY IN ITEM 18, P	county 19 79 or and from the	NGS USED OF DEATH? NO STATE that XX (we couses state

DHMH - 16 60M 1/75 (VR A 15 (4))

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A AND THE STREET OF THE STREET		UV 05 45 20 20 F	16tm//0

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7	1.0	REGISTRAR ECEASED NAME FIRST	MIDDLE		ICATE OF DEATH	REG. NO	MONTH DAY YEAR	142
1	(TYP	LEROY	NATHANIEL	GRE		20. DATE OF DEATH	5 28 79	7 : C
(M)	3 SI	MALE	1 RACE BLACK	S. DAIS	F BIRTH 7 1919	6 AGE (IN YEARS LAST BIRTH	MONTHS DAY	
Po di	70. 6	BIRTHPLACE ISTATE OR FOREIGN CONTROL THO TO MICE	76 CITIZEN OF WHAT COUNT	MARRIE	NEVER MARRIED		CITY	
by the filled with	10 0	ALTIMORE	11. NAME OF HOSPITAL, NUI		OR OTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST OF	ON 12b. KIND	OF BUSINES
filled in ould be must be	130	JAL RESIDENCE (IF NURSING HOME C STATE 13b. COU ARYLAND	PROTHER INSTITUTION, GIVE RESIDENCE B NTY 13c. CITY OR T BALTT	OWN	134 INSIDE CITY LIMITS?	132100 MCCUL	LOH STREET	, 2121
impletely and 2 sh examiner	I4. F	ATHER'S NAME FIRST ALFRED	MIDDLE LAST GREEN		IS MOTHER'S MAIDEN NAME FIRST Mittie	ME MIDDLE	Gre	last en
Poges	1	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (FYES, GF WW.)	/E WAR OR DATES)	DECURITY NO.	IT INFORMANT (WIF)	•	ARBUTUS AVI	FNIIF
requires man man men man man man man man man man man man ma	NOI	Hypercal	DUE TO, OR AS A CONSE	TO DEATH BUT				
te has been strong green prior shows any	CERTIFICATION	190 DATE OPERATION	196 CONDITION FOR WH	IICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINE IN CERTIFYING CAUSE YES -	OINGS USED ES OF DEATH NO
ding physics s certificate burial-transfer Mental Hygin trem 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	IN ITEM 18, PART 1 OR PART 2	,
After this of the only of the	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF		VAMC, LOCH	00	BALTO. MD.	. 21218
CTOR.			oitol) attended the deceased from $5-28-1$	70	nd that in (1) (our) opinion (, to	, 19	□, that ((we he causes state
F Door		22b. SIGNATURE REMOCUL K	Faulkner	mi	ATTENDING PHYSICIAN	MEDICAL STAF	FW D	TE SIGNED
etoined by 11 TO FUNERAL should be det with the State		ZZd. PHYSICIAN'S NAME (TYPE)	FAULKHER		LochRaven V	eteran's Ho	pital	
BP	23a	BURIAL, CREMATION, REMOVA (SPECIFY) BURIAL			EMETERY OR CREMATORY MORIAL PARK		OWN, MARYL	
DHMH-16 20M	74.7	UNERA DIRECTOR	ADDRESS	1//-	4.1/ Par 250. DAT	REC'D. BY REGISTRAR	Sb. REGISTRAR'S SIGN	ATHRE

Total Community of the community of the

attending physicia

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

79-11426

		STEPHEN		GREEN		MAY 11	1979		4:20p
	3 SEX	n	4 RACE	5 DATE OF BIRTH MONTH DAY 2 - ZO	-1918	GE (INYEARS LAST BIR	YRS	IF UNDER I YEAR	IF UNDER 24 HOURS N
35	70 BI	IRTHPLACE (STATE OR FOREIGN OUNTRY)	U.S.A.	MARRIED NEVE	R MARRIED L	ALTIMORE CITY OF		OF DEATH	
8		ITY OR TOWN OF DEATH ALTIMORE	I IF NOT IN SUCH FACILITY, GI	ENERAL HOSPITA	(TY	USUAL OCCUPAT	OF WORKING LIFE		OF BUSINESS
35	USU/	AL RESIDENCE IF NURSING HOME O		TIMORE YES	E CITY LIMITS? 13e.	STREET ADDRESS	Por	7	51.
00	[6n V	EVEH NAS DECEASED EVER IN U.S. AR	MIDDLE A FOR	AST MOTHER AST MALSECURITY NO. 17 INFOR	FIRST APIE	MIDDLE	A/	STON	ai .
1			2 24-	24-12334 Fo	rrEST	LAVEN A	lurse	4, Ho	ME
		18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUSE IMMEDIA	-D DV	RE OF CENTRAL	RESPIRATOR:	Y CONTROL	S	BETWEEN C	MATE INTERVA ONSET AND DE UTS
		Canditions, if any, which gave rise to immediate cause to, stating the underlying cause lost.	DUE TO, OR AS A CO (b) BRAINS DUE TO, OR AS A CO	STEM CEREBRAL	VASCULAR A	CCIDENT		4 da	y <u>s</u>
			(c)						
	Z	PART 2. OTHER SIGNIFICANT			TED TO THE TERMINAL	DISEASE OR CON	IDITION GIVI	EN IN PART 10	01
2	TIFICATION	PART 2. OTHER SIGNIFICANT TWO PRIOR CER 19a DATE OF OPERATION	CONDITIONS CONTRIBUTIONS CONTR		RFORMED 2	0a AUTOPSY?	20b. IF YES	EN IN PART 100 , WERE FINDIN YING CAUSES	NGS USED
29	CAL CERTIFICATION	TWO PRIOR CER	PEBRAL VASCULA 196 CONDITION FOR 216 TIME OF INJURY HOUR A.M. MON	AR ACCIDENTS WHICH OPERATION WAS PER 21c HOW	RFORMED 2	0a AUTOPSY?	20b. IF YES IN CERTIF' YES	, WERE FINDIN YING CAUSES S	NGS USED OF DEATH
29	MEDICAL CERTIFICATION	TWO PRIOR CER 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE	PEBRAL VASCULA 196 CONDITION FOR 216 TIME OF INJURY HOUR A.M. MON	TH DAY YEAR 19 216 HOW	REFORMED 7	0a AUTOPSY?	20b. IF YES IN CERTIF' YES	, WERE FINDIN YING CAUSES S	NGS USED OF DEATH
29		TWO PRIOR CER 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE IT ETITHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that 2x (this hasp saw the deceased alive of obove, 4x (see) (did) 15 a. A.	PEBRAL VASCULA 196 CONDITION FOR 216. TIME OF INJURY HOUR A.M. MON P.M. 216. PLACE OF INJURY (AT HOME, STREET, FACTORY	TH DAY YEAR OFFICE, FARM, ETC.) ACCIDENTS 21c HOW 21c HOW 21f. LOCA STRE	REFORMED 7	On AUTOPSY? ES NO (ENTER NATURE OF INJUIT CITY OR TO To May 11	20b. IF YES IN CERTIF' YES IRY IN ITEM 18, PA	, WERE FINDING CAUSES S ART LOR PART 2) COUNTY	NGS USED OF DEATH NO STAT
29		TWO PRIOR CER 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE IFFEITHER, NOTIFY MEDIC AL EXAMINER 21d INJURY OCCURRED WHILE AT WORK A	PERAL VASCULA 19b CONDITION FOR 21b. TIME OF INJURY HOUR A.M. MON P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY	TH DAY YEAR 19 OFFICE, FARM, ETC.) PEGREE DEGREE	XTION 19 79 19 19 ATTENDING MPHYSICIAN DI	On AUTOPSY? ES NO (ENTER NATURE OF INJUIT CITY OR TO To May 11	20b. IF YES IN CERTIF' YES IN TEM 18, PA	, WERE FINDING CAUSES S ART LOR PART 2) COUNTY	NGS USED OF DEATH! NO STATI
29		TWO PRIOR CER 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE IT ETITHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that 2x (this hasp saw the deceased alive of obove, 4x (see) (did) 15 a. A.	PERAL VASCULA 19b CONDITION FOR 21b. TIME OF INJURY HOUR A.M. MON P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY	TH DAY YEAR 19 OFFICE, FARM, ETC.) DEGREE 122e ADDI	TION 19 79 WI (our) apinion death ATTENDING MPHYSICIAN DIRESS MARYLAND	ES NO MAY II TO MAY II CITY OR TO TO MAY II TO CCCUTTED ON THE CE EDICAL STA RECTOR PHYSI	20b. IF YES IN CERTIF' YES IN CITEM 18, PA	COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY	NGS USED OF DEATH NO STAT that (we causes state
29	MEDICAL	TWO PRIOR CER 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE IFFEITHER, NOTIFY MEDIC AL EXAMINER 21d INJURY OCCURRED WHILE ATWORK NOT WHILE ALTWORK TO AL	CONDITIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTION FOR 196 CONDITION FOR 196 CONTRIBUTION FOR 196 CONTRIBUTION CONTRIBUT	TH DAY YEAR 19 OFFICE, FARM, ETC.) DEGREE 122e ADDI	TION 19 79 WI (our) apinion death ATTENDING MPHYSICIAN DIRESS MARYLAND	ES NO MAY II TO MAY II TO CCUTTED ON THE CEPTOR TO PHYSI	20b. IF YES IN CERTIF' YES IN CITEM 18, PA	COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY	NGS USED OF DEATH NO STAI

DHMH - 16 60M 1/75

TO FUNERAL DIRECTOR: After this certificate has been

ATTENDING

etained by the hospital

(VR A 15 (4))

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		15 Comments	
	SALETHORE CESS	Mark Assessment	VI VICTORIA
	When the	MARYZAND CHURRAL ROUPLINL	0 - 1
Ne	HOSTM ROFT		14
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3004	HAVISH NOVELLEY	Transparian-1- 427	1 Y
pance	RY CONTROLS 24	ENTERES OF CENTRAL RESPECTATION	
	Action of Transport	BEATMETER CEREBEAL VASCULAR	
	ACQUIBILE S		ana a sentes out
	ACQUIBITE ACQUIB	BRAE VASCULAR ACCIDINGS	TWO FRICH CORE
		BRAZ VÁGCULAR ACCIDIUITS	

79-11427 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE 20. DATE OF DEATH 25 HOUR (TYPE OR PRINT) William 05 79 Green 30 3 SEX "IF UNDER ! YEAR Black DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IE LINIDED 24 MDS Male MONTH DAY YEAR DAYS 7002 To BIRTHPLACE STATE OR FOREIGN COUNTRY) Md. BALTIMORE CITY OR COUNTY OF DEATH THE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Baltimore City U.S.A. DIVORCED A WIDOWED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION Baltimore 12a USUAL OCCUPATION 126. KIND OF BUSINESS OR MPS OF VIGHTER MOSTION WORKING LIFE INDUSTRY Med in USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 328 STAPPMount Street YES . NOF Maryland Raltimore 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME O MIDDLE MIDDLE LAST FIRST P Carter Walter Green Green BALTIMORE, ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMAN Mr. James Green 328 N. Mount St. (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and PART I. DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST IMMEDIATE CAUSE (0 Conditions, if ony, which gove rise to immediate couse (a), stating ather underlying couse last ö ple PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 CERTIFICATION sucre-20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES T NO [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH tem MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 0 21e. PLACE OF INJURY 21f. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE marked NOT WHILE WHILE AT WORK AT WORK 22a. | certify that (1) (this haspital) attended the deceased from sow the deceased afive on and that in (our apinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 22c. DAJE SIGNED * ATTENDING MEDICAL should be deto with the State FUNERAL PHYSICIAN DIRECTOR PHYSICIANS 22d. PHYSICIAN'S NAME (TYPE OF PRINT 22e ADDRESS 0 230. BURIAL CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE CITY OF TOWN COUNTY STATE (SPECIFY Buria. Baltimo 79 Tune 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75 ADDRESS NAME Herbert E. Nutter 3035 W (VRA 15(4))

STATE OF MARYLAND

- STATE

DHMH - 16 50M 1/76 (VR A 15 (4))

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

IF LINDER 24 HR

STATE

HOURS

~7411-06 William Hall Cheek William 5 6 THE STATE WHEN HE WAS THE THE The first that the state of the

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR				CERTIF	ICATE OF DEA	TH	REG. N	9-	1142	J	
	1. DE	CEASED NAME	FIRST	^	AIDDLE	-	AST			MONTH	DAY YEAR	26. HO	JR
1			RVING		(REEN	BERG		MAY	12. 1	979	8:3	PM
	3. SE	х		4 RACE		5. DATE C	OF BIRTH	YEAR	6 AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER 1 YEAR	_	
		MALE		CAUCA	SIAN	11	3	1909	69	YRS.	MONTHS DAYS	HOURS	MIN
	70. BI	RTHPLACE (STATE OR FO	REIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MAR	PIED [9. BALTIMORE CITY C	R COUNT	Y OF DEATH		
13	PEN	NSYLVANIA		U.S.	Α.	WIDOWE	DYX DIVOR	CED [BALTIMORE (CITY			MD.
	10 CI	ITY OR TOWN OF DEA	ТН	11. NAME OF H	OSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTE	HON	12a USUAL OCCUPAT	ON	12b. KIND (ESSOR
10	BA	LTIMORE		1190 W.			KWAY APT		SELF EMPLO			OCER	
	USU/ 130. S	AL RESIDENCE (IF NURSI	NG HOME OR	OTHER INSTITUTION,	GIVE RESIDENCE BEFORE	ADMISSION)	134 INSIDE CITY I	LIMITS?	13e STREET ADDRESS			2121	5)
8		RYLAND			BALTIMOR				1190 W. NOF	THER			
	14 FA	ATHER'S NAME		AIDDLE	LAST		15. MOTHER'S MA	AIDEN NAM			LA		
CC		SAMUEL			GREENE	BERG	CLARA		***************************************		UNKNO		
-	160 V	VAS DECEASED EVER I	N U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	318	WESTMIN	STER.	MD	100	
		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			577-07-63	346 A	NORMAN G	REENB	ERG 3401 W			#211.	57
		18 CAUSE OF DEATH				I (C).)	1100100		- (E 4 D 4 E - 4)	1	BETWEEN	ONSET AND	RVAL
		PART I. DEATH W.		D BY: E CAUSE (a)	ACUTE	1-0	40 CADI	sc i	NEARCTION		nu	rule	>
	33	410-		DUE TO, OI	R AS A CONSEQUE	NCE OF	0		,		111	7	
		Conditions, if ony,		(b)	Imple 1	مددوا	Coun	iony	disease		41.	7 .	
		gave rise to imm cause (a), stating	g the	DUE TO, OF	R AS A CONSEQUE	NCE OF		- 1					
		underlying couse	lost	(c)		26			Della della la				
	7	PART 2 OTHER SIGN	IFICANT C	ONDITIONS CO	NTRIBUTING TO D	EATH BUT	NOT RELATED TO	THE TERMI	INAL DISEASE OR CON	DITION GI	VEN IN PART 1	a)	I TITAL
	CERTIFICATION								Service Tollier			9-71	- 1
0	ICA	190 DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORME	D	200 AUTOPSY?	IN CERTI	S, WERE FINDS	NGS USE S OF DEA	D TH?
7	RTIF								YES NO		ES 🗍	NO [
0		210. ACCIDENT WAS UND	-	TH HOUR A.	FINJURY M. MONTH DA	Y YEAR	21c. HOW INJUR	YOCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18,	PART 1 OR PART 2)		
1	ICA	(IF EITHER, NOTIFY MEDICA	L EXAMINER)	P./		19							
	MEDICAL	21d. INJURY OCCURR		21e. PLACE ({AT HOME, STR	OF INJURY BET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET		City OR TOV	VN	COUNTY	s	TATE
		AT WORK AT WOR							-1,				
		220. I certify that (I)		of ottended the	deceosed from	и		9_{//	, to	-	. 19	that (I) (
		sow the decease above, (1) (well-d	d) (did not	view the body	ofter death.			-) opinion a	death accurred on the de	ofe and ha			
		22b. SIGNATURE	1/001	n-0			DEGREE ATTE	NDING \	MEDICAL _ STA	F	22c. DATE	SIGNED	Q
_	100	^	1000	000			PHY:	SICIAN X	DIRECTOR PHYSIC		3	13/7	1
1		22d. PHYSICIAN'S NA	1				22e. ADDRESS						
		ARTHUR N	M. LE	BSON MD				RDS L	ANE (21215)				
	(BURIAL, CREMATION, I	REMOVAL	23b. DATE	23c. N	IAME OF C	EMETERY OR CREA	MATORY	OXON HI	ĪΤ	COUNTY . I.	ADVEST	AVE
		BURIAL		MAY	14,1979N	AI IS	RAEL		WAXX-MXXXXX		La ANEX	ARYL	AND
		UNERAL DIRECTOR		BA	LTO ADDRESMD	2121	5	MAY	TECO. BY FOSTRAR	25 REGIS	TRAIN'S SEGNA	TURE /	
	SO)	L LEVINSON	& BR	OS. 601	REISTER	STOWN	ROAD						

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

MPORTANT: If them 21 is marked or Item 18 shows any injury, ar ather traumatic event, the medical exam

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physics should be detached for use as the burial-transit permit. Then please remave carban papes with the State Dept. of Health and Mental Hygiene prior ta burial, cremation, ar remaval.

the attending physicia

18-11-61 Version and the second of the second I FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	- STATE REGISTRAR		MEC	DICAL EXAM	INER'S CEI	RTIFICATE OF D	DEATH	7.9 I	1430	
	ECEASED NA	ME FIRST		MIDDLE	EAST	T	20. DATE KN	IOWN X MONTH	DAY YEAR	Zb. HOUR
100		Rache	1		Gree	9	DEATH M	ATED 5	10 19 79	м
3. SE	emale	4. RACE Black	5. DATE OF BIRTH MONTH DAY 12-30-	YEAR LAST BI	RTHOAY) MONTHS	DAYS HOURS MIN		MONTH 5	10 19 79	2:28 PM
7a.	BIRTHPLACE FOREIGN COUNTI		76. CITIZEN OF WH	A A	8. MARRIED WIDOWED	NEVER MARRIED DIVORCED		RECITY <u>OR</u> COUNT altimore		MD.
	Bal	timore	Unive	ersity Ho	spital,		J. C. FE	TION (TYPE OF WORK G LIFE)	SALE	USINESS TRY
	JAL RESIDENI STATE 1 HARY	CE (IF IN NURSING HOME OF		BALL	VN 13d	I. INSIDE CITY CIMITS? 136	STREET ADDRESS	7 herce	have	e-
1	Weil		MIDDLE	MALIPUC	000	MOTHER'S MAIDEN N	MIDD	MA	HYDOR	,
7	WAS DECEA	SED EVER IN U.S. ARM		2-40-80	JURITY NO. 17.	Ar MILTEN	Green!	Wasy 21	120St	hoke
NO	gave cause lying	tians, if any, which rise to immediate (a) stating the <u>undercause last</u> .	DUE TO, OR (b) DUE TO, OR (c)	as a consequen	ICE OF	eft side of		andgun)		
TIFICATION	19a DATE	OF OPERATION	19b. CONDIT	ION FOR WHICH C	OPERATION WAS	PERFORMED?			20. AUTOPS Head YES K	only
MEDICAL CERTIFICATION	21¢ EXTER UNDERLYI CONTRIBU	NAL CAUSE WAS NG OR JTING CAUSE OF D	EATH 11:20xx	5 10 19	79 Sub	ject shot		Y IN ITEM 18 PART 1 OR PAI	RT 2)	
MED	WHILE AT WORK	NOT WHILE X	STREET, FACT	OF INJURY (ATHONORY, FARM, ETC.)	2120 STREE	St. Lukes 1	Lane, Woo	dlawn, Ba	itimore	Md.
		ertify that I taak charge sulted fram: Nature	[]	cribed abave, held	ead Only Autopsy Suicide X	Inspection L	. Inquiry [, and in my ap	pinian	
	ACTUAL SIGNATU	RE Urgen	us LO	Man 15	M.D.	TITLE (SPECIFY) Assistant	MEDICAL EXAMIN	DATE SIGNE	5/11	./79
	EXAMINEI (TYPE OR I	PRINT) VII	ginia L.	Dolan, M	I.D. ADI	DRESS		Penn Stre	et	
230	PHRIAL, CREATE PROCESS	al al	5/14/79	9 LEAK	Spring	Cemetral 2	13d. LOCATION CITY OF TOWN	Heville,	, Rd	OXIE ,
C	HAME HIRE	les L.GL	evere F.	11. 4204	Ridge	MAY 1	4 1979	frifry!	recrud	4

rest at a rest of the contract College of war of head had Langer Clarice Mayons 454 Law-16 the sandille Grown atoy they the to have Recent 5/13/19 Ten Sport Control By Block Pales Charles Little was Till 420 Kidelians

	1	FOR - STATE REGISTRAR		DEPARTA	MENT OF H	OF MARYLAND EALTH AND MENTA ICATE OF DEATH		REG. NO.	1143	1
		CEASED NAME FIR	ST	MIDDLE	t.	AST		20 DATE OF DEATH MONTH D	AY YEAR	2b. HOUR
de of	L			Rose		egor		5/4/79		333A M
fter p	3. SE		4 RACE		5 DATE C	DAY YEA	AR		IF UNDER I YEAR	HOURS MIN.
director hours of		Female	Whi		Aug.	10, 1914	+	64 years YRS		
within 72 ho		IRTHPLACE (STATE OR FOREIG OUNTRY) Maryland	76 CITIZEN OF	.A.	MARRIEI WIDOWE	NEVER MARRIE		BALTIMORE CITY OR COUNTY		MD
led for		BALT I MORE	ST.	A'GNE'S "H	IG HOME O	R OTHER INSTITUTIO		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE Housewife	12b. KIND OF INDUSTRY	BUSINESS OR
and 2 should be examiner must be	13a	AL RESIDENCE (# NURSING) STATE Md. A	ome or other institution COUNTY nne Arunde			134 INSIDE CITY LIM	ŠK.	3. STREET ADDRESS 1704 Dorsey Rd.	21076	5
June	14. E/	ATHER'S NAME	WIDDLE	LAST		15 MOTHER'S MAID		WIDDLE	LAST	
S D	1	Harry	Craig	Conawa	-	Li1	llian	Rose	Seil	ert
medical			S. ARMED FORCES?	166 SOCIAL SECU		17 INFORMANT		ADDRESS 212		
a B		NO		218-80-0	0812	Mrs. Maxi	ine V	. Webber, 7246 M		ery Rd.
ony injury, or ather troumatic	CERTIFICATION		the DUE TO, O		DEATH BUT	NOT RELATED TO TH	IE TERMIN	NAL DISEASE OR CONDITION GIVE	EN IN PART 1(0	
9 5	I							/	ING CAUSES	OF DEATH?
Item 18 shave		21a. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXA	OF DEATH HOUR A		AY YEAR	21c HOW INJURY C	OCCURRE	D (ENTER NATURE OF INJURY IN ITEM 18, PA	RT 1 OR PART 2)	
rked or it	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
ept. of Heolt Item 21 is ma		22a I certify that (I) (this saw the deceased of above, (I) (we) (did) (22b. SIGNATURE	- CLASS.	14 19	- Man	d that in (my) (our) o	79 opinion de	to may 4. I		
Z T T		1 X	Men c	loz -		ATTEND PHYSIC		MEDICAL STAFF DIRECTOR PHYSICIAN	5/	4/79
IMPORTANT		224 PHYSICIAN'S NAME		NDOZA		900 CAT	ON A	AVE. BALTIMORE	,MD.21	1229
IMPORT	230.	BURIAL, CREMATION, REM SPECIFY) Burial	OVAL 236. DATE 5/7/7	9 Me	adowr	idge Mem.	Pk.	23d LOCATION CITY OR TOWN Howard Co.,	COUNTY Mary	yland
I-16 20M 5, 4) 7/78	24 F	uneral director Hubbard Fune	ral Home,	ADDRESS			MAY	REC'D. BY REGISTRAR 131 GISTA 7 1979	RAR'S SIGNATU	IRE soly

16:11-6 9-11/32

ATTERNATION TO THE

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH TYPE OR PRINT GRIFFIN MICHELLE 23 4 RACE DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH YEAR MONTHS DAYS HOURS. BLACK FEMALE 71 To BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Md. U. S. A. DIVORCED [WIDOWED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION, 10 CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13b COUNTY Baltimore 13e STREET ADDRESS 13d INSIDECITY HMITS? 568 Radnor Ave. Md. YES X NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Griffin MIDDLE Clark 30 John H. Marie 60. WAS DECEASED EVER IN U.S. ARMED FORCES? IAN SOCIAL SECURITY NO 17 INFORMANT ADDRESS (IF YES, GIVE WAR OR DATES) N/A John Griffin 568 Radnor Ave. No APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) CARDIO- RESPIRATORY FAILURE DUE TO, OR AS A CONSEQUENCE OF STAPHYLOCOCIUS AVREUS SEPSIS Conditions, if any, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION STATUS POST A-V CANAL REPAIR 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 20a. AUTOPSY? IN CERTIFYING CAUSES OF DEATH? A-V CANAL 0 NOX YES [NO T ond Mentol Hygi ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 5 23 79, (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21f. LOCATION 0 21d. INJURY OCCURRED 21 e. PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE WHILE NOT WHILE 22a I certify that (I) (this hospital) attended the deceased from , and that in (my) (our) opinion death accurred on the date and hour and from the causes stated obove, (I) (we) did (did not) view the body ofter death be detoched to be Stote Dept. of 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL ± MD DIRECTOR | PHYSICIAN PHYSICIAN MPORTANT. 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS ld b JOHAS HOPKINS-PICU BALTIMORY D. H. BEYDA, MD 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE Burial STATE COUNTY 5/26/79 Arbutus Memorial Pk. Arbutus, BP. Md. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE MAY 2 5 1979 24 FUNERAL DIRECTOR DHMH - 16 50M 7/77 ADDRESS (VR A 15 (4)) Wm.C. March F/H 1101 F. North Ave

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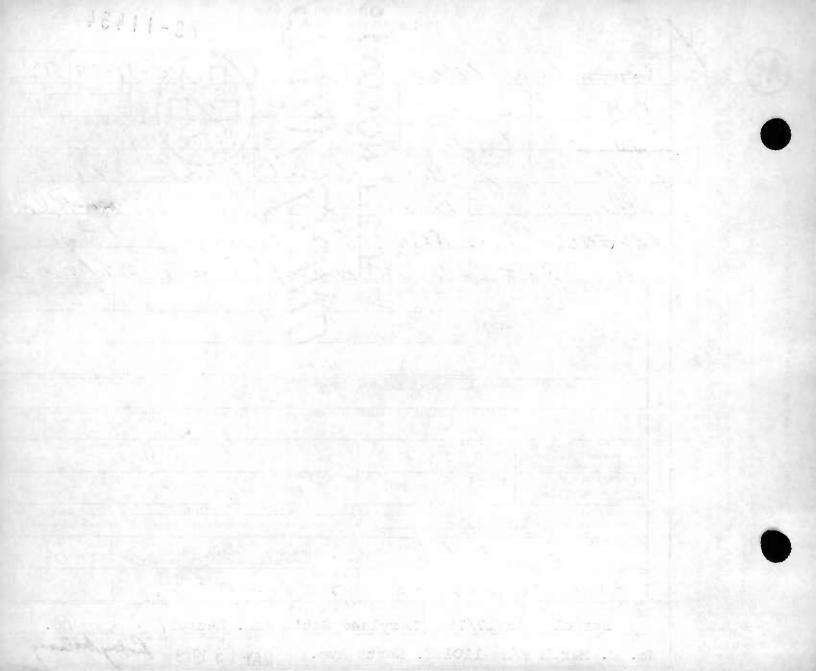
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C. March F/H

DHMH - 16 50M 1/76

(VR A 15 (4))

STATE OF MARYLAND



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7a. E	SIRTHPLACE (S OREIGN COUNTRY)		75. CITIZEN OF V	VHAT COUN	TRY?	-	D NEVER	MARRIED X		ITY OR COUN	TY OF DEATH	
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13a. :	Md.	13b. COUN	OR OTHER INSTITUTION, (136. CITY Ba	OR TOWN	1			reet address 910 Reis	sterst	own Ro	1
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CERTIFICATION		OPERATION			WHICH OPERA	TION WA	S PERFORME)?			2D AUTOPS	
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	220. I certi death result ACTUAL SIGNATURE		ge af the remains dural causes X.	escribed abo	ove, held an	Autapsy ide, M.C	Hamicide	ant	Inquiry , etermined manner	and in my o	5/:	29/79
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Wm. C. March F/H 1101 East North Avenue

(VRA 15 (4))

STATE OF MARYLAND

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Id willy Funeral Home, 130 E. Fort Ave. Balto. Md

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

20 DATE OF DEATH 2h HOUR 6:30A

. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR DAVS

BALTIMORE CITY OR COUNTY OF DEATH

LAST

MIDDLE

STATE

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 50M 7/77

(VR A 15 (4))

NO F

STATE

12h KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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YES F

COUNTY

22c. DATE SIGNED

Paryland

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250. DATE REC'D. BY REGISTRAR 256. REDISTRAR'S SIGNATURE

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

BP.

DHMH - 16 50M 7/77 (VR A 15 (4))

FOR - STATE

REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-11440

1. DEC	EASED NAME FIRST	MIDDLE	ŧ	AST		2a. DATE OF DEATH		AY YEAR	2b. HOUR	2
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3 SEX		4 RACE	5. DATE O			6. AGE (IN YEARS LAST BIR	-	IF UNDER 1 YEAR	IF UNDER 2	_
	male	CX WY	nite MONTH	DAY Z4	YEAR 14	64		ONIHS DAYS	HOURS	MIN
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Ián W	AS DECEASED EVER IN U.S.		IAL SECURITY NO.	17. INFORMAL	eyesa.	ADDRI	SS	Lavic	La	_
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	OR CONTRIBUTING CAUSE OF		TH DAY YEAR	ZIC. HOW IN.	JORT OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18, PA	RT 1 OR PART 2)		
O	(IF EITHER, NOTIFY MEDICAL EXAMIN		19							
W	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTOR)		21f. LOCATIO	N	CITY OF TO	VN	COUNTY	STA	ATE:
	AT WORK AT WORK		1241014							
		spital) attended the decease			, 19 75	_, to	, 1		that (I) (w	
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	obove, [] (we) (did) (did		1	DEGREE				27c DATE	SIGNED	
	22b. SIGNATURE	11					111111111111111111111111111111111111111	THE DAIL		
		att mo		A	TTENDING HYSICIAN	MEDICAL STA	FF CIAN D	5/8	199	
		H MD		A	HYSICIAN [MEDICAL STA DIRECTOR PHYSIC	FF IAN D	5/8	19	
	22d PHYSIGIAN 8 NAME (TYP	e or print)		Ą	HYSICIAN [MEDICAL STA	FF CIAN,	5/8	179	
	226 SIGNATURE 22d PHYSICIANS NAME (TYP Barn ett			220. ADDRESS	B6H	DIRECTOR PHYSK	IAN, D	5/8	199	
23a. BU	22d PHYSICIAL & NAME (TYP Barn ett URIAL, CREMATION, REMOV		23c. NAME OF CI	22e. ADDRESS	B6H REMATORY	DIRECTOR PHYSK	IAN, D	5/8	nde 1	'E
23a. BL (SP	22d PHYSICIAN & NAME (TYP) Barn ett URIAL, CREMATION, REMOV	AL 236 DATE 5/11/5	23c. NAME OF CI	220. ADDRESS	B6H REMATORY COM.	DIRECTOR PHYSK	e Ann	5/8		IE]

ARREST PROPERTY AND A STATE OF

Dundalk Md

Walter Brooks Bradley Inc

(VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

- STATE

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CERTIFICATE OF DEATH REGISTRAR REG. NO I DECEASED NAME MIDDLE 2a DATE OF DEATH MONTH 2b. HOUR TYPE OR PRINT AN 3 SEX 4 RACE 5. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS AGE LIN YEARS LAST BIRTHDAY MONTH MONTHS CAYS HOURS 1891 Nov 26. White 7% CITIZEN OF WHAT COUNTRY? 70. BIRTHPLACE ISTATE OR FOREIGN **BALTIMORE CITY OR COUNTY OF DEATH** N.Y., N.Y. MARRIED T NEVER MARRIED U.S.A. WIDOWED DIVORCED [BALTIMORE CITY IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12h, KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) HETITED ACCOUNTANT BALTIMORE AGNES HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Howard 13a STATE Glenwood 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland 3305 Stapleton Drive 21738 YES [NO [4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME late James MIDDLE LAST MIDDLE LAST late ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) I IF YES, GIVE WAR OR DATES) 116 07 2501 Mrs Martha Guilford 3305 Stapleton Dr. No APPROXIMATE INTERVAL PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) NO DIVISION OF VITAL RECORDS, 201 W. PRESTON DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove rise to immediate 101, stating DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION prior 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? ō. NOF YES [gie 710 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER, NOTIFY MEDICAL EXAMINER) 0 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased fram. and that in (my) (aut) apinian death accurred an the date and haur and from the causes stated 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF TO FUNERAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT hould be out 22d. PHYSICIAN'S NAME ITYPE OR PRINT) 22e ADDRESS 900 CATON AVF BAI TIMORE 23e. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial CITY OR TOWN May 16,1979 Crestlawn Howard, Maryland 24. FUNERAL DIRECTOR 250 DATE RECID. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Harry H. Witzke 1112 Columbia Rd Ellicott City

FOR

- STATE

DHMH-16 20M

(VRA 15, 4) 7/78

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE

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signed by the offending physicio should be detoched for use as the buriol-transit permit. Then please remove c with the Stote Dept. of Heolth and Mental Hygiene prior to burial, cremotion. IMPORTANT: If Item 21 is morked ar Item 18 shows any injury, or ather traums TO FUNERAL DIRECTOR: After this certificate has been TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the hospital or ottending physicion.

injury, or ather traumotic event, the medical exam

FOR - STATE REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-11443

H		CEASED NAME FIRST JOSEPHI		IDDLE		LAST T OTHER	2a DATE OF DEATH MON		AY YEAR	2h HOU	JR
	3. SE		4 RACE		5. DATE C	UILLOTT DE BIRTH	May 20,		IF UNDER 1 YEAR	IF UNDER	M 24 HRS
		Female	White		MONTH		86		ONTHS DAYS	HOURS	MIN
		RTHPLACE (STATE OR FOREIGN DUNTRY)	7b. CITIZEN OF V	VHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR C				
5		Maryland	U.S.		WIDOWE	DIVORCED	Baltimor		ty		MD.
0		altimore		COSPITAL, NURSIN LUTAW PI		Apt. 417	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO Housewife	ORKING LIFE	126 KIND (INDUSTRY)F BUSINI	ESS OR
5	13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 186 COUN aryland		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Baltimo	'N	134 INSIDE CITY LIMITS?	130 STREET ADDRESS 1701 Eutaw	Plac	e		
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		VAS DECEASED EVER IN U.S. AR/ YES, NO OR UNKNOWN) (IF YES, GIVE	AED FORCES? WAR OR DATES)	217-48-1		17. INFORMANT Carl Guill	ott 8435 Ham	cis A	lve	2123	14
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE)	y one couse per DBY: ECAUSE (0)	reforming this on	d icul	rdine arry	thmia		APPROX BETWEEN	MATE INTER	RVAL DEATH
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1		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	21b. TIME OF HOUR A.A	A. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	ITEM 18, PA	RT 1 OR PART 2)		
	MEDICAL	21d INJURY OCCURRED WHILE ONT WHILE OF AT WORK	21e PLACE C	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC.)	211. LOCATION STREET	CITY OR TOWN		COUNTY	ST	TATE
		220.1 certify that (1) (this haspit sow the deceased alive on above, (1) (we) (did) (did not) []	19_	49.01	nd that in (my) (our) opinion	deoth occurred on the date	ond hour		that (I) (
		22b. SIGNATURE	mta			DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	TA .	22c. DATE	SIGNED	3
		22d. PHYSICIAN'S NAME (TYPE OR				22e. ADDRESS					
		Kirk Kanter,	M.D.			Johns Hop	kins Hospital	L.	- 170		
	23a. B	Burial, CREMATION, REMOVAL Burial	23b. DATE 5/22/			emetery or crematory and Mem. Park	Bal timore,	Mar	yland	51	ATE

Balto, Md.

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DHMH - 16 50M 1/76 (VR A 15 (4))

24 FUNERAL DIRECTOR
NAM Leonard J. Ruck, Inc.

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FOR

STATE	OF M	ARYLA	ND
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

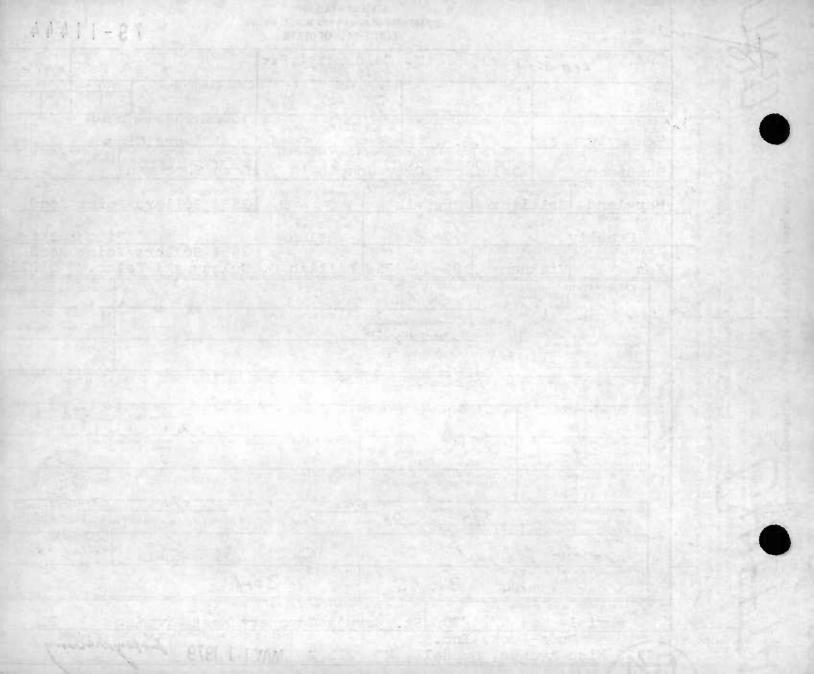
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		CEASED NAME OR PRINT) Le	FIRSTLE	onard'	J.	Gul	czynski, Sr	• 2a. DATE OF DEATH	MONTH	S 75	8 45
3	3. SE			4 RACE		5. DATE (6. AGE (IN YEARS LAST E	BIRTHDAY)	IF UNDER I YEAR	#F UNDER 2
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Data of		altimore	ATH	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS	ospitals	12a. USUAL OCCUPA	TION	TZb. KIND (
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Der		ATHER'S NAME	ратс	TIMOLE	Dundar	N.	15. MOTHER'S MAIDEN N		rrers	POINT	Road
owowing?		Stanley	7	AIDDLE	Golde		Helen	WIDDLE	763-	Yitch	
n dico		VAS DECEASED EVER		WED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	2954 S	ffers	Point	Road
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO MIDDLE LAST 20 DATE OF DEATH MONTH L DECEASED NAME 2b. HOUR (TYPE OR PRINT) ERNEST 5. DATE OF BIRTH 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 3 SEX MONTH YEAR HOURS MALIE OCT. 25 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR FOREIGN THE CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED COUNTRY) ARTLAWI WIDOWED DIVORCED T BALTIMORE NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 126. KIND OF BUSINESS OR 1 Filed wit (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (IYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY PHOTOGRAPHER PHOTOGRAPHIC BALTIMORE JOHNS HOPKINS HOSPITAL DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 AUSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 1136, COUNTY 13d INSIDE CITY LIMITS? INGLESIDE AVE. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME 160, WAS DECEASED EVER IN U.S. ARMED FORCES? YES ING OR UNKNOWN) (IFYES, GIVE WAR OR DATES) SHAG BARK CT. AISLE, ILL. 605 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I DEATH WAS CAUSED BY Branchogenic co 1 runoma IMMEDIATE CAUSE (0)_ offendir DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 Pu CERTIFICATION 0 prior 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 70a. AUTOPSY? 206. IF YES, WERE FINDINGS USED 19a. DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? per NOD YES [NO F iol-transit Mentol Hygie 710 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL Item LIF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION 0 CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE AT WORK 5/10 22a.1 certify that (I) (this hospital) attended the deceased from DIRECTOR hospitol 5/18 sow the deceased live on 518 above (1) we) (did) did not) view the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 27b. SIGNATURE DEGREE 22c DATE SIGNED MEDICAL 5/18/79 ATTENDING * FUNERAL E PHYSICIAN DIRECTOR PHYSICIAN P MPORTANT: 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 27e ADDRESS Johns Hopkins Hospital Abben Shou th 23c. NAME OF CEMETERY OF CREMATORY 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 236. DATE CITY OR TOWN COUNTY STATE MdI BP. DATE REC'D. BY REGISTRAR 256. R 24 FUNERAL DIRECTOR ISTRAR'S SIGNATURE DHMH - 16 50M 7/77 md, 21222 (VR A 15 (4)) ALTIBR PRODICS PRADLEY, IDC

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Johnson 8521 Loch Raven Blvd.

FOR

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REGISTRAR

24. FUNERAL DIRECTOR

DHMH - 16 50M 1/76

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

STATE OF MARYLAND

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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22c. DATE SIGNED

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-11-67

1101 E. North Ave.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** REG. NO YEAR 7h HOUR IF UNDER 24 HRS DAYS 9 BALTIMORE CITY OR COUNTY OF DEATH 17b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 1722 N. Calhoun St. Reed Zelma Bailey 1722 N. Calhoun St. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED.

25a. DATE REC'D. BY REGISTRAR 25I

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DHMH - 16 50M 1/76

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Driginal certificate Film G532 6/5/ Film G532 6/5/ DIVISION OF VITAL RECORDS, 301 TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EX- TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS 8 BURBLIA TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS 8 BURBLIA TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS 8 BURBLIA TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS 8 BURBLIA TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS 8 BURBLIA TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS 8 BURBLIA TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS 8 BURBLIA TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS 8 BURBLIA TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS 8 BURBLIA TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS 8 BURBLIA TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS 8 BURBLIA TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS 8 BURBLIA TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS 8 BURBLIA TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS 9 BURBLIA TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS 9 BURBLIA TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS 9 BURBLIA TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS 9 BURBLIA TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS 9 BURBLIA TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS 9 BURBLIA TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS 9 BURBLIA TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS 9 BURBLIA TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS 9 BURBLIA TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS 9 BURBLIA TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS 9 BURBLIA TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS 9 BURBLIA TO FUNERAL DIRECTOR: PAGE 9 SHOULD BE USED AS 9 BURBLIA TO FUNERAL DIRECTOR: PAGE 9 SHOULD BE USED AS 9 BURBLIA TO FUNERAL DIRECTOR: PAGE 9 SHOULD BE USED AS 9 BURBLIA TO FUNERAL DIRECTOR: PAGE 9 SHOULD BE USED AS 9 BURBLIA TO FUNERAL DIRECTOR: PAGE 9 SHOULD BE USED PER 9 BURBLIA TO FUNERAL DIRECTOR: PAGE 9 SHOULD BE USED PER 9 BURBLIA TO FUNERAL DIRECTOR: PAGE	医引起者		male	white	Feb		1899		RS.				DE AD	5		19 79	a. M	
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ST.			PARTI DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease											BETW	EEN ONSET	AND DEATH		
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Į.	DRV ORV 21		22a. 1 cert	ify that I took cho	rge of the re	emoins des	cribed obo	ve, held an	Autop	sy X H	SPaspection	, Inc	quiry X OC	ME my o	pinion			
	A F R D F A		death result	ted from Na	turol causes	X.	Accident	, s	icide	, Homi	cide .	Undetermin	ed manner .					
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	JAE TA SINGRE WORE		EXAMINER'S	NAME Mare	oarit:	a A . 1	Kore 1	1 M T			111	Ponn G	twoot B	01+0	340	010	0.7	
	BP	23a R	EXAMINER'S NAME Margarita A. Korell, M.D. ADDRESS 111 Penn Street, Balto., MD 21201 UNIVERSAL CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY CITY OR TOWN COUNTY STATE															
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1701			UNERAL DIRE	CTOR			Tows	on, M	d. 21	204	25a. DATE RE	C'D. BY REG	ISTRAR 156 REG	STRARS	SIGNATI	IRE	3	
certificate filed May 29, 1919 11m G532 6/5/79 rc NOFVITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. 213		R	uck-To	wson Fun	eral	Home,	Inc.	1050	York	Rd.	JUN	5 197	9 6	197	100	way		

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-	I. DEC	REGISTRAR CEASED NAME OR PRINT)	FIRST Myra		MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. 1 AND DE LAST Hall Reg. 1 20. Date Known OF ESTI- DEATH MATED						MONTH	MONTH DAY YEAR 26. HO			
A SEE	SEX	male	4. RACE Black	5. DATE OF BII	AY YE	AR LAST BIRTH	YEARS IF UN		ER 24 HRS.	2c. DATE PRONOUNCED DE AD	монтн	3 15	YEAR 2d.	НС	
SA SE	76. BIF	RTHPLACE (ST REIGN COUNTRY) Mary	ATE OR	76 CITIZEN O	U. S. A. S. MARRIED NEVER MARRIED PROPERTY OF COUNTY OF COU									y,	
AY IS THE 301	10. CI	Baltime		(IF NOT IN SU										OR INDUSTRY	
AND 3 AND 3 AND 3 RETAIL	13a. S1	L RESIDENCE	IF IN NURSING HOME		OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Y 136. CITY OR TOWN Baltimore 136. INSIDE (ITY LIMITS? YES NO 1221 North (Gay Street					
3.2.2		THER'S NAME FIRST John	D EVER IN U.S. AF	WIDDLE		Spencer Social Secur	ITV NO	15. MOTHER'S MAIDEN NA FIRST Elsie		MIDDLE		Nelson			
DURS AFTER DEATH 18. GIVE PAGES 1. WITH FORM PM 17. PAGES 1 AND 2 17. DIVISION OF VIT.	(YE	S, NO, OR UNKNO	(# YES, GIVI	E WAR OR DATES)	21	13-14-23			Chapm	man 201 N			OXIMATE INTE	DV/	
ULD BE EXECUTED WITHIN 24 HOUNDING" IN PENCIL IN ITEM 18 EF MEDICAL EXAMINER ALONG VISED AS A BURIAL-TRANSIT PERMIT. HEATH AND MENTAL HYGIENE, IN CREMATION, OR REMOVAL.	NO	PART I DEATH WAS CAUSED BY: Government													
CERTIFICATE SHOULD BE EXECUTING THE WORD "PENDING" BODED TO THE CHIEF MEDICAL BE 3 SHOULD BE USED AS A BLE DEPARMENT OF HEALTH AN PRIORATO BURIAL, CREMATION	CAL CERTIFICATION	198. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?									30/2000	TOPSY?	10		
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THIS CERT WRITING VAREDED AGE 3 SH ATE DEPA	MEDICAL	WHILE AT WORK			CE OF IN.	JURY (AT HOME, ARM, ETC.)		CATION		CITY OR TOWN	(OUNTY		STA	
EXAMINER: THIS CERTIFICATE, WR CERTIFICATE, WR DIRECTOR: PAG WITH THE STATE ARYLAND, 21201		22a. I certify that I taak charge of the remains described above, held an Autopsy X, Inspection . Inquiry . and in my apinion death resulted fram: Natural causes X, Accident . Suicide . Hamicide . Undetermined manner .													
CAL THE SHOU RAL ATH,		ACTUAL SIGNATURE, EXAMINER'S	NAME	rama	201	ilan n'	<u>D_</u> ^	.D.Assistar	- 4-	ICAL EXAMINER	DAT	VED	5/4/79)	
TO MEDI EXECUTE PAGE 4 TO FUNE AFTER DE BALTIMOI	23a. Bl	(TYPE OR PRI	TION, REMOVAL			23c. NAME OF C	EMETERY C			111 Pen	CC	YTAU	STATE		
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STATE OF MARYLAND

18-11-53 .A. C. J. 国际基础 1771 KG Late State State . Straight description of the straight of the G SEILING ST. COLUMN TO THE COLUMN THE COLUMN TO A COLUMN TO THE COLUMN Senturys, continued that The The Saster Save, seed, it. KILLY SEEL MANUELL WEST CAUL

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	O HOSPITAL CATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 metalined by the haspital ar attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filled within 72 hours often with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.
NO ST	HOSPITAL CATTENDING	FUNERAL DIRECTOR: After the State Dept of Health the State Dept of Health

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-11454 **CERTIFICATE OF DEATH**

26. HOUR 4: 15 / F 15 UNDER 24 HR HOURS MIN						
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SEI AND DEATH						
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ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)						
GS USED OF DEATH?						
NO [
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DHMH-16 20M (VRA 15, 4) 7/78

FOR

DHMH - 16 50M 7/77

(VRA 15(4))

NAME

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

26 HOUR

12b. KIND OF BUSINESS OR

LAST

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

STATE

COUNTY

22c. DATE SIGNED

4-19-79

ROAD

IF UNDER LYEAR

INDUSTRY

DAYS

2:50P

IF LINDER 24 HRS

16.41.1-6.1 SANT CHURCH HESE ALC RATER SHOULDER OF SO BUSTER AR CHANGER MAINTEN EVERY HARPEN FEED HE EL TER OF SAID DONOTHE HUNGTON HERE Kemos de Heart a treatant com an commenced and the source of the Handle of the second of th by the attending physician and completely filled in by the funeral director ase remove carbanpapers. Pages I and 2 should be filed within 72 hours of

executed within 24 hours offer

ITENDING PHYSICIAN: The low requires that the death certificate be

MPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other traumatic event, the should be detached for use as the burial-transit permit. Then please remove corbangage with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal this certificate has been

TO FUNERAL DIRECTOR: After

DHMH-16 20M (VRA 15, 4) 7/78

TO HOSPITAL

	STATE OF MARYLA
FOR	DEPARTMENT OF HEALTH AND

79-11458

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	LAST	24 DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
1	ies P.	Hansel	May. 12. 1	979 9AM
3. SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
Male	White	April 21.1906	73 yrs.	MONTHS DAYS HOURS MIN
ME BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 1	1 BALTIMORE CITY OR COUNTY	OF DEATH
Maryland	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED		ity MD
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE	ING HOME OR OTHER INSTITUTION	126. USUAL OCCUPATION	126 KIND OF BUSINESS OR
Baltimore	St. Agnes Ho		Ret. Guard	U.S. Govt.
USUAL RESIDENCE (IF NURSING HON T30. STATE	NE OR OTHER INSTITUTION, GIVE RESIDENCE BEFO	DRE ADMISSION)	130 STREET ADDRESS	C MI
Maryland L	Paltimore Baltimo	re YES NO 1	3018 Florida Av	e.Balto. (o.Md.
14. FATHER'S NAME	MIDDLE AL LASTA	15 MOTHER'S MAIDEN N	AME MIDDLE	/ / J IAST
James	MIDDLE Harsel	***Mynt	le	Unkhown
160. WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES	ARMED FORCES? 166 SOCIAL SEC		ADDRESS	
No	705-05-	2855 Mas Anna Hay	sel Same as above	
18 CAUSE OF DEATH (Ente	r only one couse per line for (o), (b), o	ind (c). I		BETWEEN ONSET AND DEATH
PART I. DEATH WAS CA	DIATE CAUSE (0) Occ. O	yoursen occi	usur	Sudden
4-11-	DUE TO, OR AS A CONSEO	UENCE OF		
Conditions, if any, which	(16) After	will. Cores	vasa Denearl	10200
gave rise to immediate cause (a), stating the		JENCE OF COLOR Of al	he i	1
underlying couse lost	(c)	(747. 3 8 9	
	NT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIV	EN IN PART 1(a)
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING				
5 1% DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED		, WERE FINDINGS USED YING CAUSES OF DEATH?
FIE				S NO
21a. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18, P.	ART 1 OR PART 2)
OR CONTRIBUTING CAUSE O	DE MILL	19		
(IF EITHER, NOTIFY MEDICAL EXAMI	21e PLACE OF INJURY	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
WHILE NOT WHILE D	(AT HOME, STREET, FACTORY, OFFICE	, PARM, ETC	- CHYOR IOWA	STATE
22a.1 certify that (1) (this h	ospital) attended the deceased from		to Mary	19, that (I) (we) lost
sow the deceased alive	on 19	ond that in (my) (our) opinio	n death occurred on the date and have	ond from the couses stated
226. SIGNATURE	Thorn the body differ death.	DEGREE		22c. DATE SIGNED
1 Lana	Muchuk	ATTENDING PHYSICIAN	MEDICAL STAFF	5/12.79
224 PHYSICIAN'S NAME (T	PE-OR PRINT)	22e ADDRESS		1/1/
17. XUE	IRKA.	13927 A1	mapoles Ad,	
23e BURIAL CREMATION, REMO	AL 23b DATE 23c	NAME OF CEMETERY OR CREMATORY	236 LOCATION	country As
(ISMCIPY) Burial	May 15, 1979	Cedar Hill Cemeter	y Baltimore,	COUNTY Maryland
24 FUNERAL DIRECTOR	ADDRESS		ATE REC'D. BY REGISTRAR 256. REGIST	RAR'S SIGNATURE
nd ully tuneral	Home, 237 E. Patap	sco Ave. Balto. Ad. N	IAY 1 4 1979 In	itray Malready

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FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	REGISTRAR				CERTII	ICAIL OF DEATH		REG. NO.			
	ECEASED NAME FIRST MIDDLE GERALD L.		AIDDLE	Ĺ	AST	20. DATE OF DE	ATH MONTH	YEAR	26 HOUR		
(TIPE)			L.	HARI	ESTY	MAY	1, 1	979		10:00%	
3. SEX	SEX 4. RACE			5. DATE C	F BIRTH	6 AGE (IN YEARS	LAST BIRTHDAY)		INDER I YEAR	IF UNDER 24 HRS	
	M		n		MONTH	2/28/19 YEAR	60	> .	YRS.	THS DAYS	HOURS MIN
	BIRTHPLACE (STATE OR FOREIGN 7b. CITTZEN OF WHAT COUNTRY)			WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9. BALTIMORE	CITY OR CO	UNTYOF	Pare 1	
	W. VA. USA				WIDOWE		1 BA	ILTO.	17	MD	
10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NÜRS (IF NOT IN SUCH FACILITY, GIVE STREET)				ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCI		KING LIFE)	126. KIND O INDUSTRY DIS A 6	OF BUSINESS OR	
UŠÚA	L RESIDENCE (IEN	IURSING HOME OR O	THER INSTITUTION	GIVE RESIDENCE BEFOR	EADMISSION	140)1				יותכוע	1-1-13
13a. S	MD.	136 COUNT	170	ESSE X		13d INSIDE CITY LIMITS?	13e. STREET ADD	ORESS 5E	VER	SK	cr
14 FA	THER'S NAME					15. MOTHER'S MAIDEN NA		AIDDLE			
J	AMES	5 H.	HAI	ROEST		MAR GAR	ET "	JE	-7-1	- 1	ST
	AS DECEASED EV	ER IN U.S. ARM		166 SOCIAL SECU	JRITY NO.	17 INFORMANT		ADDRESS		72	-06
1	ES	nu		21314	5361	DARLENG	Bou	MAN	DI	VAM	ANNA
	18. CAUSE OF DE	ATH (Enter only	one couse per	line for (a), (b), or	id (c)				-	APPROX	ONSET AND DEATH
- 72	PART I. DEATH	I WAS CAUSED		CARCIN	OMA C	F LUNGS WIT	TH META	STASI	S		
	162	MMEDIATE		DAS A CONSTOLL	FNCFOF					14-1-	
	Conditions, if o	nny which	1	r as a conseou	ENCEOF				- 2		
	gove rise to	immediate) (p)—					0083			
	underlying co		DUE TO, O	R AS A CONSEOU	ENCE OF				1	100	
	DART 2 OTHERS	IGNUEIC ANT CO	(c)	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE O	P CONDITIO	N GIVEN	IN PART 1/	(0)
Z	TAKI Z OTTEKS	IOIVII ICAIVI CC	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5,411.130711-10-10	DEATH: DOT	TOTREEATED TO THE TERM	III TAL DISEASE O	K CONDINO	Olver		
CERTIFICATION	190 DATE OF OPE	RATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPS				NGS USED
Ē			TORK.				YES T N	ofXI	YES T		OF DEATH?
ER.	210 ACCIDENT WAS	UNDERLYING	21b. TIME O			21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)				
	OR CONTRIBUTING [HOUR A.	M. MONTH D	AY YEAR						
MEDICAL	21d. INJURY OCC		21e. PLACE		19	21f. LOCATION					AV. 10 (1 10 A)
ME	WHILE TO NO	T WHILE WORK	(AT HOME, STR	REET, FACTORY, OFFICE,	FARM, ETC.)	STREET	CII	TY OR TOWN		COUNTY	STATE
	22a. I certify that		Pottended th	e deceased from	APE	RTL 30. 19.79	to MA	Y 1.	19	79	that (I) was lost
	saw the dece	eosed alive on_	MAY .	L, 19_	70	nd that in (my) opinion	deoth occurred o	n the dote or	nd hour or		
	obove, (I) (we 22b. SIGNATURE	did (did not)	view the body	ofter deoth.		DEGREE				122c. DATE	SIGNED
	Cor	azon U	Eugene	- Frank	h.	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF	1	5-5-	-I-979
	22d PHYSICIAN'S					22e. ADDRESS CHN	KKHXHXX	RXX	21. (1)		
	COR	AZON V	ERGAR	A SOARE	S, M.		HOSPITA	L-COR	PORA	ATION	V
730 P	URIAL, CREMATIC	N REMOVAL	23b. DATE	73,	NAME OF C	EMETERY OR CREMATORY	TOTAL TOCATIO	DALT	IMOI	E, A	4 D
	BUI		5/4	19 5		OC (A	CITY OR TO	NWO		UNTY	STATE
	001	1/176	1 //	11	MINUL	NS 81- 71117	11 0/1	170,	0	1,60	

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

24. FUNERAL DIRECTOR

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral direction, should be detached for use as the busial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled within 72 hauts after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The etoined by the hospital or attending physician. with me arone copy.

MPORTANT: If Hem 21 is morked or Hem 18 shows ony injury, or other troumotic event, the medical examiner.

must be notified of once.

Ca-111-81 BALTE TO HERE HORE HOST mo there tores . I will be served on TEST TO THE 213 1+ 53 EL PHILLIPS COUNTY OF WARRENCE The second of the second to the said

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral dishould be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 hawith the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

11160 70

		REGISTRAR STONES	ce & 1	CERTIFICA	ATE OF DEATH	REG. N	10.	00	
		CEASED NAME FIRST	EEVEE	HAR	DING	20. DATE OF DEATH	MONTH DAY	79	4:50 AM
	3 SE	fomale	1. RACE Black	5. DATE OF BE	TRTH DAY PEAR PEAR PEAR PEAR PEAR PEAR PEAR PEAR	6 AGE (IN YEARS LAST BIR	THDAY) IF U	INDER I YEAR	IF UNDER 24 HRS HOURS MIN
of once.	C	OUNTRY) M D	76 CITIZEN OF WHAT COUN	MARRIED WIDOWED		9. BALTIMORE CITY C	R COUNTY OF	DEATH	MD.
nour lea		BALTIMORE	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S	Ballman	2	(TYPE OF WORK FOR MOST O	OF WORKING LIFE)	12b. KIND OI INDUSTRY	F BUSINESS OR
og Ishim I	13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN		LI MORE YE	INSIDE CITY LIMITS?	13e. STREET ADDRESS 3642	4 Scen	1810M	i St,
	(nunn	AIDDLE LAST			MIDDLE	13.	LAST	
		VAS DECEASED EVER IN U.S. AR/ YES, NO OR UNKNOWN) (IF YES, GIVE	war or dates) 16b. SOCIAL S War or dates) 35 48	349010 R	informant Les Devic	of Base	ESS	Same	a, ala
o omer roomanc event,		PART I. DEATH WAS CAUSED	ly one couse per limit for (o), (b) BY: E CAUSE (o) DUE TO, OR AS A CONSI (b) DUE TO, OR AS A CONSI (c)	EOU NCE OF	udid in,	factor,	Auti	BETWEENO	MATE INTEVAL INSET AND DEATH
, valory,	NOI	PART 2. OTHER SIGNIFICANT C	onditions contributing	TO DEATH BUT NO	RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 1(o	1)
7	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WE			200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	G CAUSES	IGS USED OF DEATH? NO [
9	CAL	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA' (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH	DAY YEAR	r. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1	OR PART 2)	
	MEDI	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.)	LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
		22a. I certify that (I) this hospit sow the deceased alive on above, (I) we) (did) did not 22b. SIGNATURE	MAY 5	19 79 , and th	ot in (my) our) opinion	deoth occurred on the d	ote and hour on	nd from the o	
11 11 11	H	22d. SIGNATURE RAY 22d. PHYSICIAN'S NAME (TYPE OR	areu-	DEG	ATTENDING PHYSICIAN	MEDICAL STA DIRECTOR PHYSIC	FF CIAN []	5/5	19
		RAJ:	ARAM		Scul	a Baili	mnz	Cien	spiral
	- (Burial Burial	236 DATE May 10,79	Mt. Ca	tery or crematory lvary	23d LOCATION CITY OR TOWN Baltin	nore	UNITY	Md .
		UNERAL DIRECTOR	Ce 1300 Ell	s taw Plac	MAY	FREC'D. BY BECUTRAR	25b. De SISTEAR	JANE .	Body

ADDRESS Eutaw Place

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

Charles

Rice

1300

A.

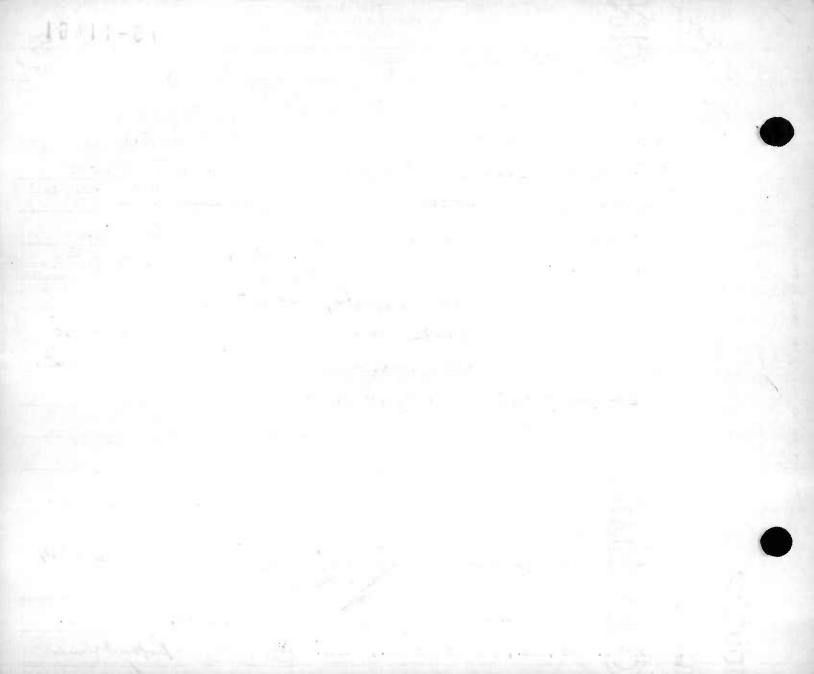
OR ATTENDING PHYSICIAN: The low

retained by the hospital or attending physician.

0011-61 Consider the Land Consolination of the Consolinatio

DIVISION OF VITAL RECORDS,

STATE OF MARYLAND



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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2	1-	FOR STATE REGISTRAR	DEI	PARTMENT OF H CERTIF	EALTH AND A		REG. NO.	79-1	1462
		CEASED NAME FIRST (A	A.K.A. Jame) VIRGIN	37	HARMAN		20. DATE OF DEATH MONTH	34 _75	120
	3. SE)		4 RACE	5. DATE C			6. AGE (IN YEARS LAST BIRTHOAY)	IF UNDER 1 Y	1/6
		FEMALE	WHITE	SEPT.	30°,	1895	83 YEARS	YRS MONTHS OF	AYS HOURS MIN
7,4	70. BI	RTHPLACE _ISTATE OR FOREIGN	76 CITIZEN OF WHAT COU	NTRY? 8	D NEVER A	APPIED	9. BALTIMORE CITY OR CO	UNTY OF DEATH	1100
5		ARYLAND	U.S.A.		DXX DN		BALTIMORE C	ITY,	,
4		ALT IMORE	11. NAME OF HOSPITAL, NOT IN SUCH FACILITY, GIVE BON SECOL	E CABEEL WULDERES!		ITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK HOMEMAKER		OF BUSINESS C
5	USUA 13a S	AL RESIDENCE (IF NURSING HOME O TATE 136 COUI MD. CAR	NTY 13c CITY O		13d INSIDE CI	NO XX	13e STREEL ADDRESS 900 CAREN	DRIVE 2	1784.
0	14. FA	ANDREW	MIDDLE LA			MAIDEN NAM PIRST ORA	MIDDLE	SNY	DER
1		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166. SOCIA	L SECURITY NO.	17. INFORMA	NT	ADDRESS		
1		NO	213-	7,4,-3470	MRS.	DOROTHY	PUNDT 900	CAREN DR	IVE 2178
C. Marine	W ES	Conditions, it any, which gove rise to immediate couse 101, stating the	DUE TO, OR AS A CON	ISECULATION SECURITION OF A SE	Anne	musd	lende cadiana	slen -	ROXIMATE INTERVAL EEN ONSERAND DEATH Seur (2)
	z	underlying couse lost. PART 2. OTHER SIGNIFICANT	conditions contributing	IG TO DEATH BUT	717	TO THE TERMIN	NAL DISEASE OR CONDITIO	N GIVEN IN PAR	11(0)
7	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR V	WHICH OPERATIO	N WAS PERFO	RMED		IF YES, WERE FIN CERTIFYING CAU YES	
1	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONT	H DAY YEAR			ED (ENTER NATURE OF INJURY IN ITE	EM 18, PART I OR PART	2)
	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, C	OFFICE, FARM, ETC.)	21f. LOCATIO	75	CITY OR TOWN	COUNTY	STATE
			610-	16.	nd that in (my)	_, 19 <u>1)</u> (our) opinion d	eath occurred on the date on		1
		226. SIGNATURE	zhm		F	TTENDING PHYSICIAN D	MEDICAL STAFF DIRECTOR PHYSICIAN [1-5	3 DS
		22d. PHYSICTAN'S NAME (TYPE O	P M300	SWE	8548	Forts	HALLWOND Pd	Pranu	under
	230. B	URIAL, CREMATION, REMOVAL	. 23b. DATE	23c. NAME OF C	EMETERY OR C	REMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
		BIIRTAT.	6/4/79	LOUDON	PARK C	EMETERY	BALTIMORE C	TTY M	IARYLAND

ADDRES BALTO., MD. 21229

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

1979

DHMH - 16 50M 7/77 (VR A 15 (4))

BP

TO FUNERAL DIRECTOR.

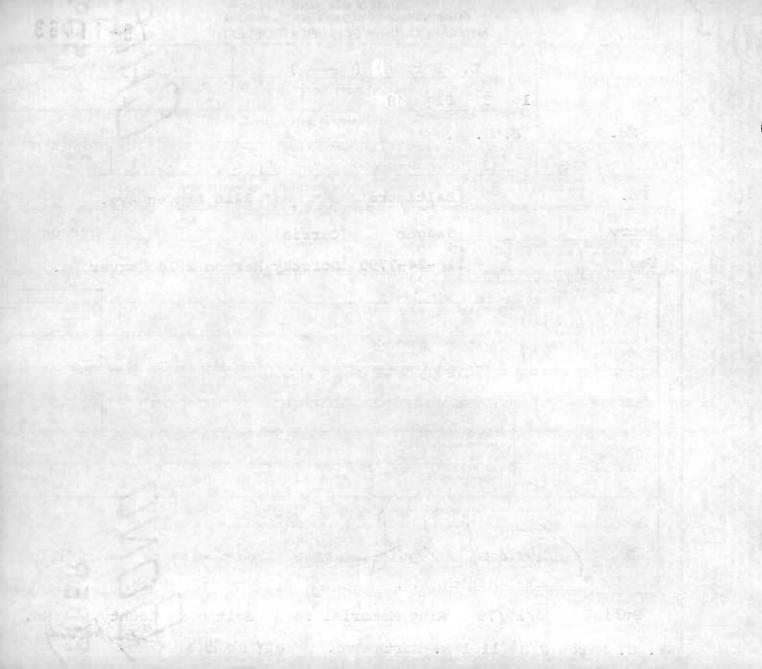
should be detached for use as the burnal-transit permit. Then please remove carbanpape with the State Dept. af Health and Mental Hygiene prior to burlal, cremation, ar removal

MPORTANT: If Hem 21 is marked or Item 18 shows

24. FUNERAL DIRECTOR

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			Table 1	
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	Telling Lincoll			
10 Car				
23 CATS				
ma wa Mus	THE HEALT, SUB-	marks.	Re414-30	
			4. V.	
	1,12			
	Aller Street Street		Bardilla .	
2	NUMBER OF STREET	, , ,		

3 /		FOR				AARYLAND				
15	1-	STATE				I AND MENTAL H		70-	1116	3
	1. DE	REGISTRAR CEASED NAME FIRST	ME	MIDDLE	IVEK 3	LAST	20. DATE KN	REG. NO. J	1 1 1 0	
		PE OR PRINT)	ard L	. Harmon	1 /22			STI- XX		2b HOU
	3. SE>	Leon	5. DATE OF BIRTH	6 AGE (IN	YEARS IF UN	arrman) NDER 1 YR. IF UNDER		MONTH	14 1979 DAY YEAR	2d. HOL
	M	Male Black	I 3	31 LAST BIRTH		HS DAYS HOURS	MIN PRONOUNCE DEAD	5	14 1979	7:3
I	7a Bi	RTHPLACE (STATE OR PREIGN COUNTRY)	76. CITIZEN OF WI		7.	IED NEVER MARR	9. BALTIMOR	E CITY OR COUN		
5		Md.	U.S.	A.	WIDOW	-		ltimore	City.	AA
	10. CI	TY OR TOWN OF DEATH	/ IF NOT IN SUCH FA	PITAL, NURSING HOA	3)	HER INSTITUTION	12a USUAL OCCUPAT	ION (TYPE OF WORK	12b. KIND OF BUS OR INDUSTRY	INESS
1		altimore CIty		inden Aven						
	13a. S	AL RESIDENCE (IF IN NURSING HOMI TATE Md. 13b. COU		I36 CITY OR TOWN Baltimo		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	, ,		
-		ATHER'S NAME		Dar CTIIIO	re	YES NO	2218 Lir	nden Ave	Э.	
ı	/	Henry	MIDDLE	LAST		FIRST	MIDD	LE	LAST	
-	16a. V	VAS DECEASED EVER IN U.S. A	RMED FORCES?	Swager 166. SOCIAL SECUR	ITY NO.	17. INFORMANT		ADDRESS	Harmon	L
	(Y	ES, NO, OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	216-24-7	795	Dorothy	Harmon 29	274 02	10 M D 3	
		18. CAUSE OF DEATH (Enter of	inly ane cause per line		123	DOTOCHY	nathon 25	14 Cart	APPROXIMATE IN	NTERVAL
		PART I DEATH WAS CAUS	ED BY.	Fatty live	r				BETWEEN ONSET	ND DEATH
		5718		AS A CONSEQUENCE	E OF			4		
		Canditions, if any, which					X DOM:			
		cause (a) stating the <u>unde</u> lying cause last.	DUE TO, OR	AS A CONSEQUENCE	E OF				The Table	
			(c)							
	z	PART 2 OTNER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TE	RMINAL OISEAS	E OR CONDITION GIVEN IN PA	RT 1 (a).			100
+	ATIO	19a. DATE OF OPERATION	19b. CONDI	TION FOR WHICH OP	ERATION W	/AS PERFORMED?			20. AUTOPSY?	
2	IFIC	TO STATE OF THE ST	7,11.23						YES 🗆	NO [
2	CERTIFICATION	210. EXTERNAL CAUSE WAS	21b. TIME OF		21c. Ho	OW INJURY OCCURRE	D (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR P.		, 40 K)
	CAL	UNDERLYING OR CONTRIBUTING CAUSE OF		MONTH DAY YEA	AK					
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE		OF INJURY (AT HOME,		CATION	CITY OR TOWN		OUNTY	STATE
	2	AT WORK AT WORK		, 2.2.,			CIII OK IOWN		2011	JIAIE
		22a. I certify that I took cha	rge of the remains des	cribed above, held an	Λ Autop	sy , Inspection	n X Inquiry	, and in my a	pinian	
		death resulted from No	X.	Accident	vide	, Hamicide .	Undetermined mann	er ,		
		ACTUAL 1	1	1) 9 ~).	TITLE (SPECIFY)				
-		SIGNATURE	pornos	1 / non	1	Deputy Ch:	ie fedical examin	DATE ER SIGN	ED 5/14/	79
2		EXAMINER'S NAME Th	omas D. Sm	ith MD	al	111	Penn St.	Dollar	MD	
	23n BI	(TYPE OR PRINT) 111	23h DATE	23c. NAME OF C			23d. LOCATION	Balto.,	IND.	
	(5	Burial	5/19/79			ial Park	Baltimor	e Count	INTY STAT	id.
	24. Ft	UNERAL DIRECTOR				250. DATE F	REC'D. BY REGISTRAR	25b. RECOTRAR'S	SIGNITY Ende	
	Wn	. C. March	F/H 110	l E. Nort	h Av	e. MA	Y 1 6 1979	property		



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1-	STATE REGISTRAR		1-11	404						
	1. DEC	CEASED NAME FIRST ORPRINT) GLAD	YS D.	ļ	HARR	2a. DATE OF	DEATH MONTH	15-79	26 HOUR 2. 55		
	3 SEX	Female	4 RACE White	5. DATE C		\R	RS LAST BIRTHDAY) 8 6 YRS.	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN		
9		RTHPLACE ISTATE OR FOREIGN DUNTRY) VEW YORK	76 CITIZEN OF WHAT COUR	CITIZEN OF WHAT COUNTRY? & MARRIED NEVER MARRIED DIVORCED [BALTIMORE CITY OF COUNTY OF DEATH				
3	Jo Ci	BALTIMORE	GOOD SA	NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS OF WORKING TO WORK FOR MISSTORY OF WORK					GLIFE) 12h KIND OF BUSINESS OR INDUSTRY SChool		
5	13a S	AL RESIDENCE (IF NURSING, NOME OF		RTOWN .//	13d INSIDE CITY LIMI	107	DDRESS 29 par	tteigh	Its Ave		
6	I4 FA	SAMUE/	JAMES DAK	RAH	15 MOTHER'S MAIDE FIRST SARK	7 h	WIDDLE	Leon	innd		
2		(IF YES, GIV	E WAR OR DATES)	09-3792	U-R-SU	nkara	ADDRESS GO	DSAM	ARITAN		
	Z	Conditions, if ony, which gove rise to immediate couse lol, stoting the underlying couse lost	DUE TO, OR AS A CON (c) CONDITIONS CONTRIBUTION	SEOUENCE OF	NOT RELATED TO THE	E TERMINAL DISEASE	OR CONDITION GI	VEN IN PART 1(D		
1	CERTIFICATION	190 DATE OF OPERATION 5-13-79	196. CONDITION FOR V	WHICH OPERATIO	bowel	20a. AUTO	NO Y	ES, WERE FINDIN IFYING CAUSES ES [
P	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING COCONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK AT WORK	ATH HOUR A.M. MONTE	19	211. LOCATION STREET	OCCURRED (ENTER NATI	URE OF INJURY IN ITEM 18.	PART 1 OR PART 2)	STATE		
		220.1 certify that (#T (this hosp: sow the deceosed alive an above, (h) (we) (did) (did no 22b. SIGNATURE	of view the body offer death	19 79, or	d that in (my) (our) of	ING MEDICAL _	STAFF/		-		
1		22d. PHYSICIAN'S NAME (TYPE O			22e ADDRESS GOOD	SA MAR	PHYSICIAN D	40SP	Balt		
	23a. B	URIAL, CREMATION, REMOVAL PECIFY)	MAU 17 1979	23c. NAME OF C	EMETERY OR CREMAT	CITY OR	TION TOWN A	COUNTY	Md.		

DHMH - 16 50M 1/76

BP.

IMPORTANT: If Hem 21 is morked or Hem 18 shows ony injury, or ather traumatic event, the

(VR A 15 (4))

24 FUNERAL DIRECTOR
MITCHELL- N Wiedefeld Horse

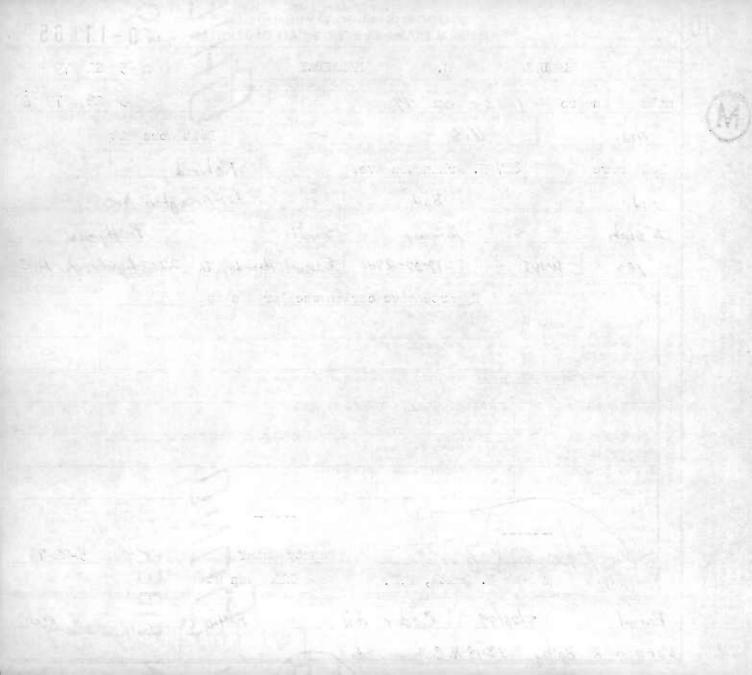
6500 YORK Rd

Woodlawn

BY REGISTRAR 256, REGISTRAR 9 SIGNATURE 1 8 1978

15M 7/76

STATE OF MARYLAND



FOR

STATE OF MARYLAND

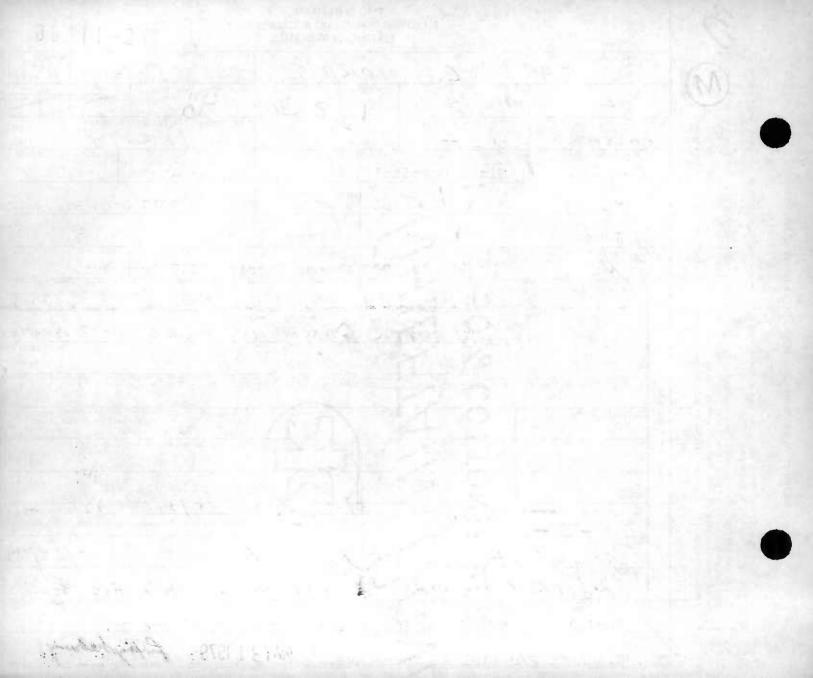
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

11100

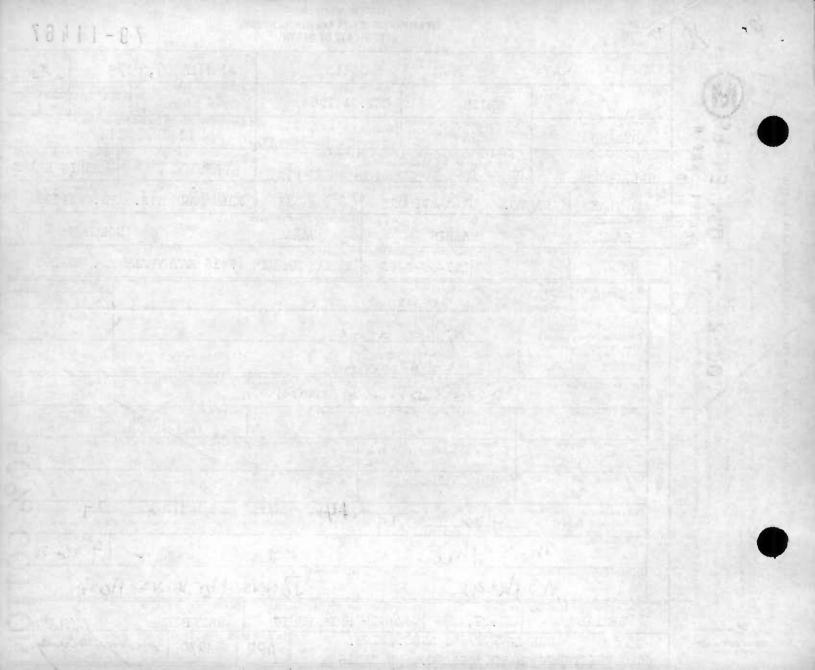
	REGISTRAR		CERTIFICATE (OF DEATH	REG. NO.	19-11	400
	1. DECEASED NAME FIRST (TYPE OR PRINT) MAR	WIOOLE	ILAST	20	DATE OF DEATH MON	741 7 9	26. HOUR
	/ * / *	ACE 3	5. DATE OF BIRTH	YEAR 6 A	AGE (IN YEARSAAST BIRTHOAY	YRS.	e uhute 24 Hes. Hotos AUH.
7	70. BIRTHPLACE (STATE OR FOREIGN 76 COUNTRY)	CITIZEN OF WHAT COUNTRY?	MARRIED NEV	VER MARRIED . 9 B	134LTO		MD.
2	10 CITY OR TOWN OF DEATH 11.	NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A Sinai Hospi	tal	(TYF	USUAL OCCUPATION PEOF WORK FOR MOST OF WOR HOUSE W!	RKING LIFE) INDUSTRY	OF BUSINESS OR
Ş	USUAL RESIDENCE (IF NURSING HOME OR OTH 130 STATE	THER INSTITUTION, GIVE RESIDENCE BEFORE 130 CITY OR TOWN	TO. YES	NO 🗆	STREET ADDRESS 221	.7 Orem A	ve.
0	14 FATHER'S NAME FIRST James	Labert		HER'S MAIDEN NAME FIRST Mary	MIDDLE	LAS	
	160 WAS DECEASED EVER IN U.S. ARMEI (YES, NO OR UNKNOWN) (IF YES, GIVE WA			mas Harri	ADDRESS .s 2217 O	rem Ave.	
	Conditions, if any, which gove rise to immediate couse 101, stoting the underlying cause lost. PART 2. OTHER SIGNIFICANT CON	DUE TO, OR AS A CONSEQUE	NCE OF	NCER OF			MONTHS
_	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	1% CONDITION FOR WHICH (OPERATION WAS PE	7-17-31	YES NO	LIFYES, WERE FINDING CAUSES YES	NGS USED OF DEATH?
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	P. M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	19 211 LOC		CITY OR TOWN	COUNTY	STATE
	270. I certify that (I) (AS) sow the deceased alive on obove, (I) (as did) (do not) vi 771. SECNATURE \$14. PHYSICIAN'S NAME (TYPEORPRI	y ew the body ofter death.	- 5	ATTENDING M PHYSICIAN DIE DRESS	h occurred on the date of the	22c. DATE	,
	230. BURIAL, CREMATIO REMOVAL (SPECIFY) Burial		na Memor	or CREMATORY 2	3d. LOCATION CITY OR TOWN Baltimor	COUNTY	STATE Md.

DHMH - 16 50M 1/76 (VR A 15 (4))

24 FUNERAL DIRECTOR ADDRESS MARCH F/H 1101 E. North Ave 250. DATE REC'D. BY REGISTRAR 256.



b. V	,	FOR STATE			DEPARTN	NENT OF H	OF MAKYLAND EALTH AND MENTA		NE	7 (0 11107
		REGISTRAR		WY TO		CERTIF	ICATE OF DEATH		REG. NO		9-11407
e a a a			AY		XXX	НА	RRIS	2	APRIL 2		79 YEAR 26. HOUR
ge 4 mo)	3 SE	€MALE		4 RACE WHIT	`E	S. DATE C	F BIRTH 31,1904 YEA	AR	AGE (IN YEARS LAST BIRT	YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS
and	7∉: BI	RTHPLACE (STATE OR FOREK ARY LAND	GΝ	76 CITIZEN OF US	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIEL	DU	BALTIMORE CITY O		
	P	TY OR TOWN OF DEATH	1	THE J	OHNS HO	PKIN	S HOSP I T		TYPE OF WORK FOR MOSTO PRESIDEN		
MARYLAND 2120 ed within 24 hours mpletely filled in by ord 31 shauld be the		AL RESIDENCE (IF NURSING TATE 131 MARYLAND		TO.	GIVE RESIDENCE BEFORE 13t. CITY OR TOWN BALTIMO	ADMISSION) N ORE	13d. INSIDE CITY LIW	-qued			CO AVE. #21208
MARYL, ed within mpletely of 6 45 6	14. FA	SAMUEL	/	AIDDLE F	IARRIS		SARAI		WIDDLE		SOLOMON
BALTIMORE, cate be execut ysicion and ca ppersyloges 1 you		VAS DECEASED EVER IN (IF NO OR UNKNOWN) (IF	U.S. AR	MED FORCES? WAR OR DATES)	217-09-94		MURRAY HAI	NKIN	7416 KATH		RD. #21208
if the second se		18 CAUSE OF DEATH (B PART I. DEATH WAS		ly ane cause per D BY: E CAUSE (a)	line far (a), (b), and	d (c).)					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON ST he death cert ne offending Prove Carbos Antionic fer		2028			R AS A CONSEQUE	NCE OF	7/3				
× to your the				DUE TO, O	R AS A CONSEQUE	NÇE OF					
RDS, 201 equires the signed Then plet to burion infury, or	NO O	PART 2 OTHER SIGNIFI	ICANT C		ONTRIBUTING TO D				AL DISEASE OR CON	DITION GIV	EN IN PART 1(a)
ne low range of the permit ene pring ene	CERTIFICATION	190. DATE OF OPERATIO	N	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		20a AUTOPSY?	IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH?
DIVISION OF VITAL RECORDS, 201 ING PHYSICIAN: The low requires the other other days physician. The this certificate has been signed I as the burial-transit permit. Then plan the and Mental Hygiene prior to burial arked or tem 18 shows any infary, or orked or tem 18 shows any infary, or		21a. ACCIDENT WAS UNDERLOR CONTRIBUTING CAUS	SE OF DEA		M. MONTH DA	YEAR	21c. HOW INJURY O	OCCURRED	O (ENTER NATURE OF INJUR	Y IN ITEM 18, P	ART 1 OR PART 2)
IVISION IG PHYSI offenthis ce s the buri	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		21e. PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET		CITY OR TOV	/N	COUNTY STATE
TENDI tolon OR: A Or Use Heol		220.1 certify that (I) (the saw the deceased above. (I) (we) (did)	alive on	4)	C 19_	79.0	, 19_ nd that in (my) (our) of	7 q	, to 4	ate and hav	19
at OR AT the hosp the hosp at DIRECT etached for ore Dept. o		22b. SIGNATURE	m	.5.1	tuin.		DEGREE ATTEND PHYSIC		MEDICAL STAI		124. DATE SIGNED 4. 76-79
TO HOSPITAL TO FUNERAL should be det with the Store		22d. PHYSICIAN'S NAM	M S	JANY)	3		22e ADDRESS	W:	S HOPKI	NS	Hosp.
BP-	230. (BURIAL, CREMATION, REA	MOVAL	23b. DATE APR. 27			EMETERY OR CREMATERIENDSHI	P	23d. LOCATION CITY OR TOWN BALT IMO	RE _	COUNTY STATE MARY LAND
DHMH - 16 50M 7/77 (VR A 15 (4))	24 FI	UNERAL DIRECTOR			N & BROS			APR	3 0 1979	25b. REGIST	RAR'S SIGNATURE
(400 10 (4))	1	010 REISTER	STO	WN RD	BALTO.	MD 21	215	MIN	(U 1.17 J		



FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-11468

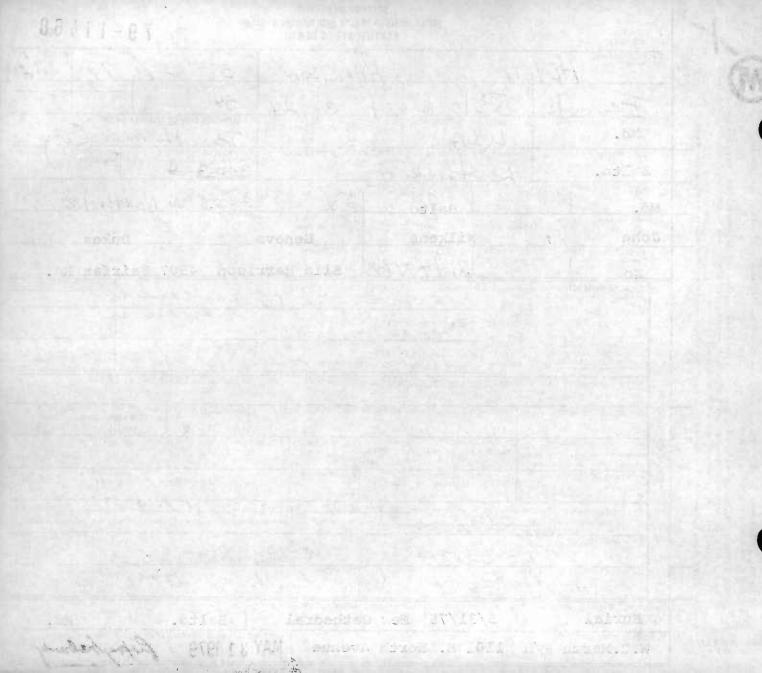
		REGISTRAR		CERTI	CALL OF DEATH	REG. NO		
		CEASED NAME FRST	MIDDLE		ST	20. DATE OF DEATH M	NONTH DAY YEAR	26 HOUR 10
	(TTPE	ORPRINT)	E/V	H	ARR, SON	5	34 79	12 Am
	3. SEX	14	RACE	5. DATE C	7.7-1	S. AGE (IN YEARS LAST BIRTH	DAY) IF UNDER 1 YEAR	R IF UNDER 24 HRS
	-	Female	Black	MONTH	3 24	54	YRS. MONTHS DAYS	HOURS MIN
	7a BIF	RTHPLACE (STATE OR FOREIGN 71	CITIZEN OF WHAT COUN	TRY? 8	NEVER MARRIED	BALTIMORE CITY OF	COUNTY OF DEATH	1'1
5		• BM ^{ruc}	USA	WIDOWE	DIVORCED	Ba11	Limone (ity MD.
	10 CIT	TY OR TOWN OF DEATH	 NAME OF HOSPITAL, NU (IPNOT IN SUCH FACILITY), GIVE S 		OR OTHER INSTITUTION	12a USUAL OCCUPATIO {TYPE OF WORK FOR MOST OF		OF BUSINESS OR
9		Balto.	Luthe	Ran		300 3 W		
1	13a. S				134 INSIDE CITY LIMITS?	13e STREET ADDRESS	11 11 1	
3	Mo	d.	Balt	-0	YES NO	3023 W	NORTH	N. C.
	14 FA	THER'S NAME			15. MOTHER'S MAIDEN NAM	E MIDDLE		
\mathcal{Z}	J	ohn ;	Wilker	15	Beneva	MIDDLE	Dukes	AST
-		VAS DECEASED EVER IN U.S. ARM		SECURITY NO.	17 INFORMANT	ADDRES		
	{Y	ES, NO OR UNKNOWN) (IF YES, GIVE V	VAR OR DATES 2175	109948	Ella Harr	ison 450	7 Fairfax	Rd.
		18 CAUSE OF DEATH (Enter only	one cause per line for (a), (b), and (c	,		APPRO BETWEET	NONSET AND DEATH
		PART I. DEATH WAS CAUSED IMMEDIATE	11 11	en ce	5 Ca of	the st	oma che	O NEW E
		121				= Met	astars	7
1	574	13/7	DUE TO, OR AS A CONS	EOUENCE OF	Lucia -			
		Conditions, if ony, which	(b)	100 7				
		couse (o), stoting the	DUE TO, OR AS A CONS		bribn			
		underlying cause last	(10) 19	al ni	crilin			
	Z	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE OR COND	ITION GIVEN IN PART	1(0)
4	CERTIFICATION	IA DATE OF OBERATION	19b. CONDITION FOR W	HICH OBERATIO	N MAG DEDECTAMED	20g AUTOPSY?	20b. IF YES, WERE FIND	INGSTISED
5	Š.	190 DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATIO	IN WAS PERFORMED		IN CERTIFYING CAUSE	
/	RTIE					YES NOV	YES 🗌	NO 🗌
	GE	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURRE	ED (ENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR PART 2]	
	AL	OR CONTRIBUTING CAUSE OF DEATH	P.M.	19				
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY		211. LOCATION			
	W.	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.]	STREET	CITY OR TOW	N COUNTY	STATE
	881		0 - 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	- 6-	123/ 1075	5/	24 1079	that (I) (we) lost
		220.1 certify that (1) (this hospital sow the deceased alive an_	5-/23	7 5	nd that in (my) (our) opinion de	eath assurred on the da		
H		above, (1) (we) (did) (did not)	view the body after deoth.			earn accorred an me da		
		22b. SIGNATURE		1	DEGREE	HEDICAL CTAE		TE SIGNED
	100	(H)	also		ATTENDING PHYSICIAN	MEDICAL STAF		
1		22d. PHYSICIAN'S NAME (TYPE OR	PRINT)		22e. ADDRESS	17	Luca	
1		H. A1	-17, of es	u Mit	Kenth	van 17	- //	
	23a. B	BURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
	(\$	se Burial	5/31/79	New C	athedral	Balto.	COUNTY	Md.

DHMH-16 50M 7/77 (VR A 15 (4))

24 FUNERAL DIRECTOR
W.C. March F/H

1101 E. North Avenue

MAY 3 1 1979



retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct should be detached for use as the burial-transit permit. Then please transact carbonapers. Pages 1 and 2 should be filled within 72 hours, with the State Dept. of Health and Mental Hygiere prior to burial, cremation, or removal.	IMPORTANT: If Hem 21 is marked at Hem 18 shows any injury, at other traumatic event, the medical examiner must be natified at ance.
	retained by the haspital or attending physicion. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-11469

۱	FOR STATE REGISTRAR	DEPARTI	MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE REG. NO	9-1146	9
I	1. DECEASED NAME (TYPE OR PRINT) HOMAS 3. SEX Malz	Chaplin Caucasian	S. DATE OF BIRTH MONTH DAY YEAR 15. DATE OF BIRTH MONTH DAY YEAR		MONTHS DAYS	26. HOUR IF UNDER 24 HRS HOURS MIN.
	70 BIRTHPLACE ISTATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?		Baltin	RCOUNTY OF DEATH	У мо.
	Baltimore	South Batter	2012 GENERAL HOUSE	126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUSTRY	F BUSINESS OR
	USUAL RESIDENCE (IF NURSING HOME OF 13a. STATE, 13b. COUN	NTY DE CITY OR TOW	YES NO [13e. STREET ADDRESS	brookRd	-21212
	William	MIDDLE Hart		CHAPLIN MIDDLE	(XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXX
	160 WAS DECEASED EVER IN U.S. AR 1785, NO OR UNKNOWN) (IF YES, GIVI	E WAR OR DATES)	.9792 Mrs. Catheri	ne E. Hart-2	216 Overbrook	
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONSEQUE (c) DUE TO, OR AS A CONSEQUE (c)			n 5y	WATE INTERVAL INSET AND DEATH E.O.C.S
	190 DATE OF OPERATION 1976 1978 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH	operation was performed	200. AUTOPSY?	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEJ JIF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	HOUR A.M. MONTH D.	19 211 LOCATION	RED (ENTER NATURE OF INJUR	Takkina-	STATE
	sow the deceased alive an	** Smay 19 3 19 19 19 19 19 19 19 19 19 19 19 19 19	DEGREE ATTENDING	MEDICAL STAF	te and hour and from the course	SIGNED
	HAME P. DEL	inham, M.D.	22e. ADDRESS 300 Ball	S. Hanor timors, 1	WST. W. 2123	0
	230. BURJAL, CREMATION, REMOVAL (SPENITIAL)		NAME OF CEMETERY OR CREMATORY 79-Meadowridge Mem	47013	ey Howard	///-
	24. FUNERAL DIRECTOR Mitchell-Wiedefe	eld Home 6500°Y	ork Rd. 21212 25a. DA	MAY 1 6 1979	256. REGISTRAR'S SIGNATI	

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3-8-74-16:00	Total Make ()	
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10 monther		La Girl
	getter of manner to the	a vanisting
iss a - GM John and July		
STREET,		1161/1/25
ne E. Hart-718 Sverbrook Rd. 12	Cocnerts	Landon John
		5
	fr Profes	
74-1-52	A CARRELLAND	
	See the second	
	lay 12th, 1979-Res overland New.	Marke
	Felt Home 0500 York Nd. 21212	Steemell-wiese

DIVISION OF VITAL RECORDS,

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DEPARTM	NENT OF H		YLAND D MENTAL HYO F DEATH	GIENE	REG. NO.	7 :	9 - 1	14	71
E.		AST H	ARTMAN	20. DATE OF	27	TH DA	y YEAF	2b HC	DUR N
	5. DATE O		YEAR	6. AGE (INYE	ARS LAST BIRTHDAY	_	UNDER 1 Y	EAR IF UNE	
AT COUNTRY?	MARRIEI WIDOWE		R MARRIED DIVORCED		ALTO.				MD
SPITAL, NURSING		ROTHER II		(TYPE OF WORK	OCCUPATION FOR MOST OF WO	PRKING LIFE)		D OF BUSI	NESS OR
E RESIDENCE BEFORE		YES 🗌	E CITY LIMITS?		ADDRESS 36 BI	ERKS	SHIA	PE	
		15 MACTHE	D'C ANAIDENINIA	AAE					

UNK

HOWARD E. HARTMAN

MIDDLE

ADDRESS

FOR - STATE REGISTRAR

1. DECEASED NAME (TYPE OR PRINT)

To. BIRTHPLACE ISTATE OR FOREIGN

10. CITY OR TOWN OF DEATH

3. SEX

COUNTRY

I FATHER'S NAME

(YES, NO OR UNKNOWN)

-0

Hartonan B

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE 130. STATE 130. COUNTY 13

UNK

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY

Conditions, if ony, which gove rise to immediate couse (a), stating the

underlying couse lost

190 DATE OF OPERATION

4 RACE

BACTE

MIDDLE

(IF YES, GIVE WAR OR DATES)

IMMEDIATE CAUSE (a

18 CAUSE OF DEATH (Enter only one cause per line for Ja), (b), and ic

76 CITIZEN OF WE

US

NAME OF HO

(IF NOT IN SUCH F.

ot o pup 9

Pages . cremation, Then pleas ony ď the burial-transit peand Mental Hygiene 9 tem morked or

. 5

If Item

IFICATION CERTI 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 71d. INJURY OCCURRED

NOT WHILE WHILE AT WORK AT WORK 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on. obove, (I) (we) (did) (did not) view the body ofter death 22b. SIGNATURE

21b. TIME OF INJURY

HOUR A.M. MONTH DAY YEAR 19 21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

DUE TO, OR AS A CONSEQUENCE OF

seizures, delydraph

LAST

166 SOCIAL SECURITY NO.

ardiac Allest

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT, NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160

17 INFORMANT

211. LOCATION STREET

ATTENDING

CITY OR TOWN

COUNTY STATE

NO [

LAST

ABOUE APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

3 min 1

22e. ADDRESS

DEGREE

PHYSICIAN [

DIRECTOR PHYSICIAN

22c. DATE SIGNED

236. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION CITY OR TOWN

20a AUTOPSY?

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

NO

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

YES 🗌

COUNTY STATE MD

DHMH - 16 50M 7/77 (VR A 15 (4))

CONNELLY

300 MACE

MEDICAL

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

206. IF YES, WERE FINDINGS USED

YES [

IN CERTIFYING CAUSES OF DEATH?

FUNERAL DIRECTOR: I be detoched fine State Dept. o IMPORTANT: old b 230. BURIAL, CREMATION, REMOVAL (SPECIFY) BP.

24 FUNERAL DIRECTOR

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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH 2h HOUR TYPE OR PRINTS S. Hartz B. Roger 26-4 RACE 3. SEX 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH DAYS HOURS 888 Male White Sept 90 TO BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Pa DIVORGED LU more City WIDOWED X 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) Keswick Thurschitz Give STREET ADDRESS INDUSTRY BALTIMORE, MARYLAND 21201 Corp. Sec B&0 SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13b COUNTY 113c. CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? Md Balto 5610 Enderly Rd 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE Elias Harvey Hartz Rebecca Federhoff 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) WW Yes Elizabeth Carroll Same APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and PART I DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse 101, stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d) CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED pri IN CERTIFYING CAUSES OF DEATH? per YES [Mentol Hygi 21a ACCIDENT WAS UNDERLYING 21h TIME OF INTURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) m 18 MONTH DAY HOUR A.M. YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) ter 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE WHILE NOT WHILE AT WORK AT WORK 220.1 certify that 412 (this hospital) attended the deceased from NOV -1 MAY 26 -26 sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (+(we)/did) (did not) view the body ofter death 22b. SIGNATURE DEGREE 22c. DATE SIGNED + ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS should be with the Keswick Home unter Wilson Balto. Md. 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23d. LOCATION 23b. DATE STATE 5-30-79 Gravel Hill Palmyra Lebannon Burial 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS 1905 York Rd. DHMH - 16 50M 1/76 (VR A 15 (4)) H.W. Jenkins & Sons Co. Balto, Md.

STATE OF MARYLAND

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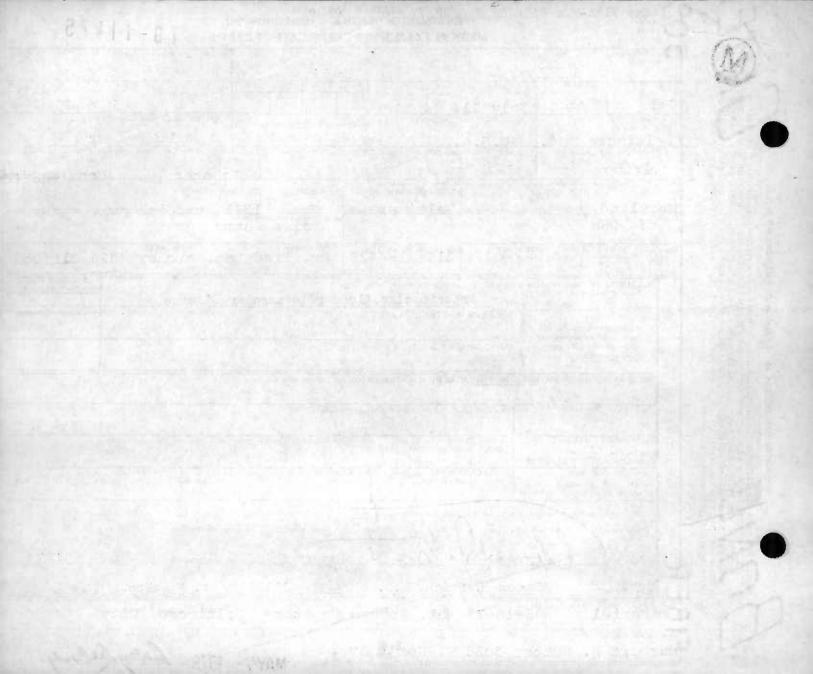
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Items #18a-22a Film G532 6/28/79 STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 2b HOUR 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED William. Hawkins 6 1979 6. AGE (IN YEARS | IF UNDER 1 YR. | IF UNDER 24 HRS 2d HOUR 4. RACE DATE OF BIRTH 2c. DATE DAY LAST BIRTHDAY PRONOUNCED 2:45P Male Black DEAD 6 1979 July 21 94 84 Th. CITIZEN OF WHAT COUNTRY? Ja. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Baltimore City, WIDOWED TO DIVORCED Baltimore, Md. U.S.A RETAIN PAGE SHOULD BE FILED RECORDS, 301 W 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS 10. CITY OR TOWN OF DEATH OR INDUSTRY Baltimore City 1731 Braddish Avenue Constructi Laborer USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 13a STATE 113h COUNTY NO . Maryland 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME IN MIDDLE Ameria Berry MIDDLE LAST 17. INFORMANT ADDRESS 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 218-01-4428 ER ALONG WITH FORN NSIT PERMIT. PAGES 1 I HYGIENE, DIVISION O Mr. Fred Lee. Archer 4026 Clifton NES NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF REMOVAL Conditions, if any, which HIEF MEDICAL EXAMINER
USED AS A BURIAL-TRANSI
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CREMATION, OR REMOV, gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10. CERTIFICATION E USED 19a, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL YES X NO [E 3 SHOULD BE DEPARTMENT PRIOR TO BURIA 71g EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME. 211. LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET STATE CITY OR TOWN COUNTY WHILE AT WORK AGE harge of the remains described above, held an Inspection and in my apinion death resulted Hamicide Undetermined manner TITLE (SPECIFY) MBeputy Chief MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Thomas D. Smith, M.D. 111 Penn St. Balto., MD. **ADDRESS** TYPE OR PRINT! 230. BURIAL, CREMATION, REMOVAL 236. DATE 05-10-79 23c NAME OF CEMETERY OF CREMATORY
Mt. Auburn Cemetery STATE Baltimore, City 250, DATE REC'D, BY REGISTRAR 1256, REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **DHMH-17** Herbert E. Nutter 3035 W. North Ave. (VR A15 ME (5)) 15M 7/76



FOR

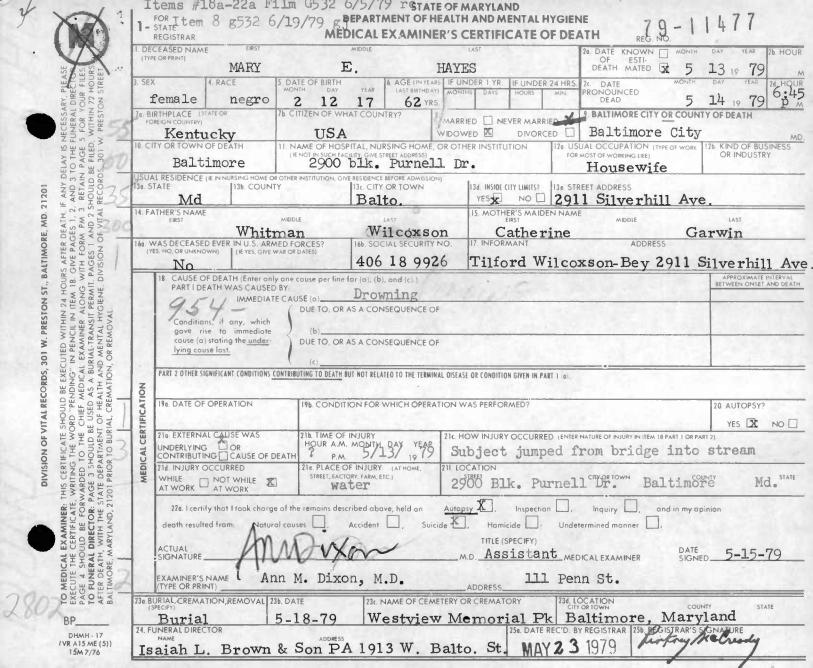
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-11476

		REGISTRAR		CERTI	FICATE OF DEATH	REG. N	0. 19-11	410
		CEASED NAME FIRST OR PRINT)	MIDDLE STI FARALASIA	/ 1	LAST	20 DATE OF DEATH	MONTH DAY YEA	10.1100
	3. SE)		14 RACE	S DATE	OF BIRTH	6. AGE (IN YEARS LAST BIR	THOAY) FUNDERLY	
		MALE	Black	MONI		81		AYS HOURS
911/		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	DUNTRY? 8.	NEVER MARRIED	BALTIMORE CITY	R COUNTY OF DEAT	Н
19		USA	USA	WIDOW	ED DIVORCED	City		
notified	10 CI	BA 1+0	11. NAME OF HOSPITA (IF NOT IN SUCH FACILITY, UNUFRACE UNIFERENCE (IF NOT IN SUCH FACILITY,	GIVE STREET ADDRESS)	HOSPITAL	126 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF		ID OF BUSINI TRY
anst pe	USUA 13a S	mand	OR OTHER INSTITUTION, GIVE RESIDUNTY 13c. CITY	ENCE BEFORE ADMISSION	134. INSIDE CITY LIMITS?	13. STREET ADDRESS	E	0
100	14 FA	THER'S NAME		ety	YES NO	221 N.	FREMONT	70000
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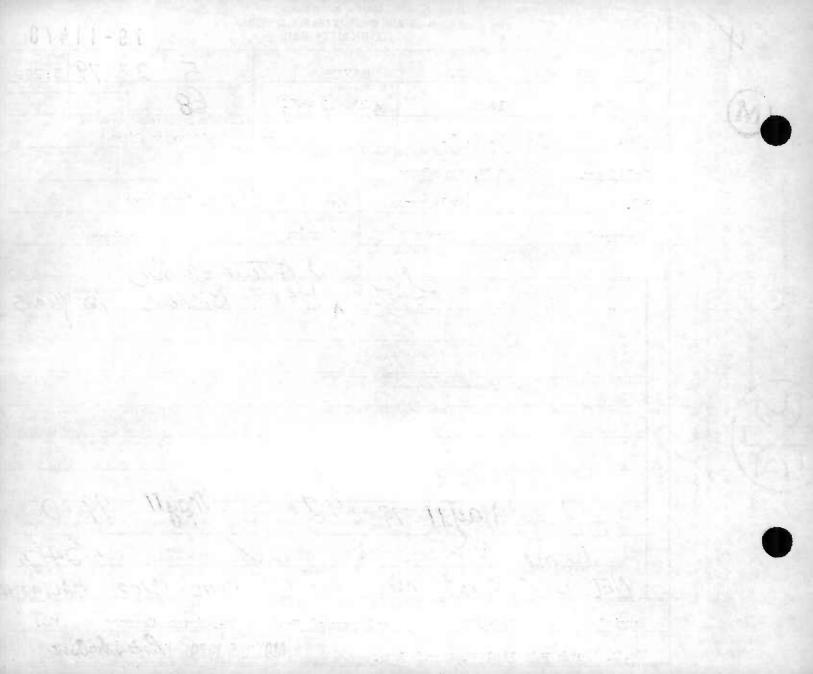
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DHMH - 16 50M 1/76 (VR A 15 (4))

24. FUNERAL DIRECTOR

Wm.C. March F/H 1101 E. North Ave.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the

retained by the hospital or attending physician

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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				REG. N	
	EASED NAME FIRST ROBERT	WIDDIE	AYNES WORTH.	20. DATE OF DEATH	5 20 1979 7
3. SEX	MALE.		TE OF BIRTH ANTH ULY 20, 1891	6 AGE (IN YEARS LAST BIRT	THDAY) IF UNDER LYEAR IF UND MONTHS DAYS HOURS
	ATHPLACE (STATE OR FOREIGN 176 UNITRY)		RRIED NEVER MARRIED DIVORCED	BALTIMORE CITY C	DR COUNTY OF DEATH
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M	ACY LAND 136 COUNTY	HER INSTITUTION GIVE RESIDENCE BEFORE ADMISS 130 CITY OR TOWN AUTIMOL	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS	EARLY AVENU
	HER'S NAME FIRST KATO	HAYNES WIRTH	15. MOTHER'S MAIDEN NAME FIRST MARLY	MAGA	LENE LAST
	AS DECEASED EVER IN U.S. ARME ES, NO OR UNKNOWN) (IF YES, GIVE WA	R OR DAYES)	5 ELIZABETH	WRIGHT	5000 READY APPROXIMATE INT BETWEEN ONSET AN
	PART I. DEATH WAS CAUSED B	AUSE (O) CARDIOGENI			11 days
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	gove rise to immediate cause (a), stating the underlying couse last.	Due to, or as a consequence of	OF) BUT NOT RELATED TO THE TERM	20a AUTOPSY?	206. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DE
CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT COM-	DUE TO, OR AS A CONSEQUENCE CONTRIBUTING TO DEATH 196. CONDITION FOR WHICH OPERA 216. TIME OF INJURY HOUR A.M. MONTH DAY YE	DF BUT NOT RELATED TO THE TERM ATION WAS PERFORMED 21c HOW INJURY OCCURR	200 AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DE- YES NO
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DHMH - 16 50M 1/76 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be filed within 72 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE .--- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME MIDDLE LAST 20 DATE OF DEATH TYPE OR PRINT FRANCES HAYWARD 1979 MAY 13. 06:08A 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYFAR IF UNDER 24 HPS MACANTH HOURS Female White Jan. 1916 70. BIRTHPLACE ISTATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED A NEVER MARRIED No. Carolina USA BALTIMORE CITY IN CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore Retail Sales JOHNS HOPKINS Jewalry USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 136 COUNTY 131 CITY OR TOWN 13e STREET ADDRESS MdDorchester Fishing 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Robert Lora Lee Lyon BALTIMORE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT (YES. NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) No 21169 Mr. John E. Hayward Same APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), applict. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE O underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T 210. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21¢. HOW INJURY OCCURRED HENTER NATURE OF INJURY IN ITEM TB. PART 1 OR PART HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Men con sec MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 21d. INJURY OCCURRED 21e. PLACE OF IN JURY 21f. LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE 25 220.1 certify that (1) (this hospital) attended the deceased from, sow the deceased alive on May and that in (my) (our) opinion death occurred an the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the body after death 22b. SIGNATURI DEGREE 22c DATE SIGNED MEDICAL DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS should be 1) FESON 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL (SPECCT emation CITY OR TOWN STATE Greenmount Baltimore Md. Henry W. Jenkins 250. DATE REC'D. BY REGISTRAR 1754 24 FUNERAL DIRECTOR & Sons Co. -PHANH - 16 50M 7/77 VR A 15 (4)) 05 York Rd. Balto. Md.

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STATE OF MARYLAND

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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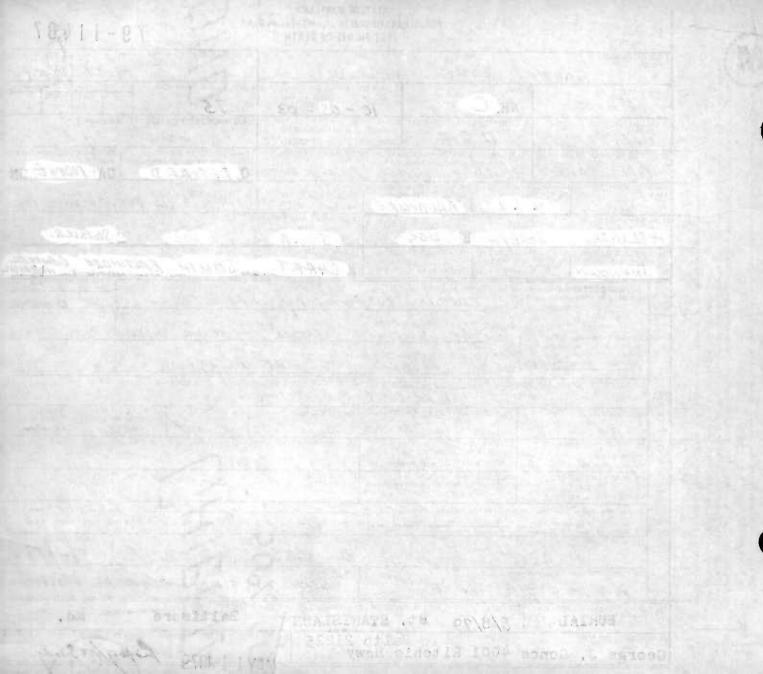
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	STATE OF MARYLAND 1 - FOR STATE STATE REGISTRAR STATE OF MARYLAND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 7 9 - 1 1 4 8 6
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unerol nin 72 t	18. CITY OR TOWN OF DEATH 19. CITY OR TOWN OF DEATH 19. CITY OR TOWN OF DEATH 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (B) CITY OR TOWN OF DEATH 12. USUAL OCCUPATION (B) FOR YOR WORK FOR MOST OF WORKING LIFE) 12. USUAL OCCUPATION (B) FOR YOR WORK FOR MOST OF WORKING LIFE) 12. USUAL OCCUPATION (B) FOR OF WORK FOR MOST OF WORKING LIFE) 12. USUAL OCCUPATION (B) FOR OF WORK FOR MOST OF WORKING LIFE) 12. USUAL OCCUPATION (B) FOR OF WORK FOR MOST OF WORKING LIFE) 12. USUAL OCCUPATION (B) FOR OF WORK FOR MOST OF WORKING LIFE)
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n signed by the attending physicia Then please remove carbon papers ta buriol, cremotian, or removol. njury, or other traumatic event, the	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF CURLOSISM Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
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	230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CHYORTOWN CATONSVILLE BALTO. MD 24. FURAL DIRECTOR Thomas K. Hellenbein/Hellenbein-Hubbard F.H.

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RYLAND ND MENTAL HYGIENE

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		REGISTRAR		CERTIFICATE OF DEATH REG. NO. 19-11403					
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	3. SE	Emale	white	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY) # UNDER 1 YEAR MONTHS DAYS YRS.	HOURS MIN.	
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		Al way	10 %	1	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	X 5	19/19	
1		THE PHYSICIAN'S NAME ITTER OF	Cowley	,	DUM B	1/8 fred	. fest	april	
	230 E	BURIAL, CREMATION, REMOVAL SPECIFY)	May 12. 79		emetery or crematory emo. Park	Falls Chur	ch, Virgi	nia STATE	

DHMH - 16 50M 7/77 (VR A 15 (4))

24 FUNERAL DIRECTOR IVES FUNERAL HOME INC. 2847 Wilson Blvd., Arlington, VA

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

EG. NO.	79-	-	14	9	-
EG. NO.					_

	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 79-	-11491
	1. DECEASED NAME FIRST (TYPE OR PRINT)	WIDDLE	LAST	20. DATE OF DEATH MONTH DAY	YEAR 26. HOUR
	PHYI	LIS ## C.	HERMAN	5 22 ~	19 8.47 M
	3. SEX	4 RACE	. 5. DATE OF BIRTH		NDER 1 YEAR IF UNDER 24 HRS
	female	caucasian	Jüly 26, 1938	40 YRS. MONT	HS DAYS HOURS MIN.
1	70 BIRTHPLACE ASTATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	Y? 8 MARRIED MEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF	DEATH
2	Maryland	U.S.	WIDOWED DNORCED	BALTIMORE CITY	MD.
+	BALTIMORE	UNION MEMOR			26. KIND OF BUSINESS OR NDUSTRY
5	Maryland Wid	con other institution give residence before the county 130 city or to Salisb	ury YES Y NO	13. STREET ADDRESS 1014 Smith Stre	eet
1	14 FATHER'S NAME ROY E. (coper LAST	15. MOTHER'S MAIDEN NA	Secrist Secrist	LAST
	160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? 166 SOCIAL SEG		ADDRESS	
	no	242-66	-5617 Don E. Her	man See Item	13
	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last.		anter 9 C		N PART 1(o)
9	THO THE STATE OF STREET	IN CONDITION ON WITH	THO PERATION WAS PERFORMED	YES NO YES	G CAUSES OF DEATH?
7		DEATH HOUR A.M. MONTH	DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18, PART)	OR PART 2)
	OR CONTRIBUTING CAUSE OF OF ETHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC.) 211. LOCATION STREET	CITY OR TOWN C	OUNTY STATE
	sow the deceosed olive obove, (I) (we) (did) (did	spital) attended the deceased from an analysis of the body after death.		deoth occurred on the date and hour and	that (I) (we) last d from the couses stated
	DRNAHA	TAB'IRA	DEGREE MO ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	5-22-29
	DRNAH	EORPRINT) ATABTRA	NI 201 EUN	werdly Pkin	421218
	23a. BURIAL, CREMATION, REMOV		NAME OF CEMETERY OR CREMATORY	23d. LOCATION COL	MIY STATE
	Burial	5-25-1979 F	airview	Cordova, Talbo	ot. Md.
	24 FUNERAL DIRECTOR	ADDRESS		TE REC'D. BY REGISTRAR 256. REGISTRAR	SSIGNATURE
	Newnam Fune	eral Home E	aston, Md.	WHI C D IDID	/

DHMH - 16 50M 7/77 (VR A 15 (4))

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and conshould be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages I would be detached for use as the burial-transit permit. Then please remove carbonpapers, Pages I with the State Dept. of Health and Mental Hygiene prior to burial, cremotian, or removal.

MPORTANT: If Hem 21 is marked or Item 18 shows ony injury, or other traumotic ev

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15M 7/76

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mpletefy filled in by the funeral and 2 should be filed within 72

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physici should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1.	FOR STATE REGISTRAR		DEPAR		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 7 C	-114	93	
		CEASED NAME FIRST		MIDDLE	t	AST		MONTH DAY	YEAR	2b. HOUR
	(INFE	Cathe	rine	Isabel	XXXX	N Hill	May 10, 1	979		11:00AM
	3 SE		4 RACE	104001	5 DATE C		6 AGE (IN YEARS LAST BIR	THDAY) IF U	INDER I YEAR	IF UNDER 24 HRS
		Female	Whit	6	March	17, 1905	74	YRS	THS OAYS	HOURS MIN
		IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY	/2 8	D NEVER MARRIED	9 BALTIMORE CITY	111.0	DEATH	
675		Penna	U.S	S.A.	WIDOWE		Baltimore	City,		MD.
Confiled		ITY OR TOWN OF DEATH Baltimore	(IF NOT IN SUC	HOSPITAL, NURS THE FACILITY, GIVE STRE Bayonne	ET ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST HOUSEWI	OF WORKING LIFE)	12b. KIND C INDUSTRY	OF BUSINESS OR
Enust be	13a S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN ryland	OTHER INSTITUTION		ORE ADMISSION)	13d. Inside City Limits?	13e STREET ADDRESS 2703 Bayo	Balt.,	Md.	21214
exominer		ATHER'S NAME	VIDOLE	LAST Whi		15 MOTHER'S MAIDEN NAME FIRST Catherine	MIDDLE		Stewa	
medical		NAS DECEASED EVER IN U.S. AR/ YES, NO OR UNKNOWN) (IF YES, GIVE	WED FORCES? WAR OR DATES)	21.2-74		17. INFORMANT Daugh Kathleen E.		Bayonne	, Md.	21214
ry injury, or other tro	NTION	Conditions if one, which give rise to immediate cause in stating the underlying cause list. PART 2 OTHER SIGNIFICANT C		ONTRIBUTING TO	isi	NOTURATED TO THE TERM	INAL DISEASE OR CO	DITION GIVEN		po
2	CERTIFICATION				HOPERATIO		YES NO	IN CERTIFYIN	G CAUSES	OF DEATH?
Item 18 s	MEDICAL CE	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EΠΉΕΡ, NOTIFY MEDICAL EXAMINER)	P.	M. MONTH M.	DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18, PART I	OR PART 2}	
morked or Item 18	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE	E, FARM, ETC.)	21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
21 is		220.1 certify that (1) (this haspit saw the deceased alive an above, (1) (we) (did) (did no		19		, 19, ad that in (my) (aur) apinion o	, to leath accurred on the d			that (I) (we) fast couses stated
ANT: If Item		22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE OF	10	Won	mell	ATTENDING PHYSICIAN D	MEDICAL STA		22c. DAT	51GNED 0/29
MPORTANT: IF		Charles F. O	'Donnel	1, M.D.		7501 York R		on, Mary	land	21204
, n	23a. E	BURIAL, CREMATION, REMOVAL SPECIFY) Burial	236. DATE May 12			emetery or crematory of Baith	23d. LOCATION CITY OR TOWN		Mar	state rland

DHMH - 16 60M 1/75 (VR A 15 (4))

24 FUNERAL DIRECTOR

Baltimore, Maryland Leonard J. Ruck, Inc.

250. DATE REC'D. BY 1979

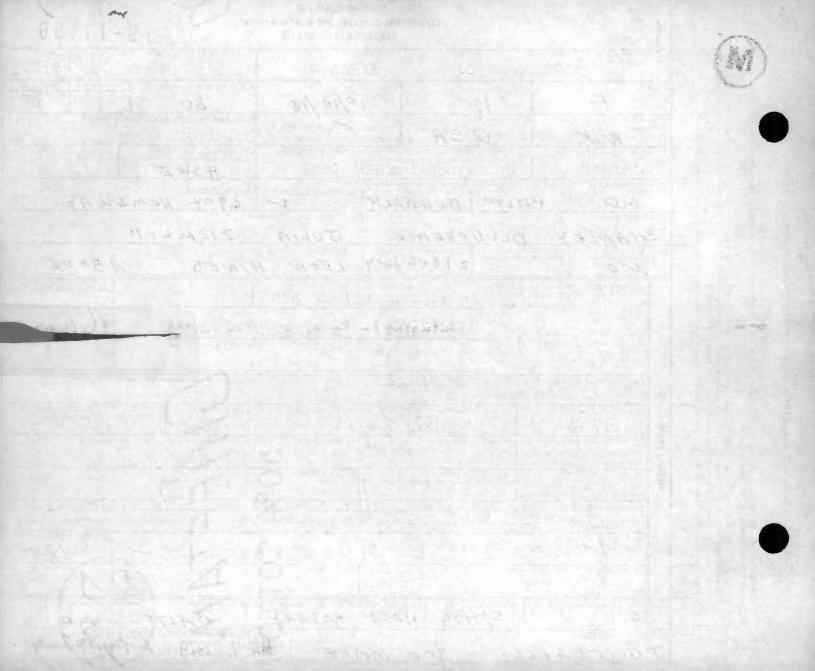
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/	Items #.	18a-22a Fi	Llm G532 6	EPARTMENT OF	TE OF MARYLAND HEALTH AND MEN		70-	11494
M	REGISTRAR I. DECEASED NAI (TYPE OR PRINT)	ME FIRST		MIDDLE E. R.	NER'S CERTIFICA LAST Hill	2a DAT OF	REG. NO. MONTH	17 ₁₉ 79
SARY, PLESTAL DIRECT YOUR N 72 H	3. SEX Male	4. RACE Black	DATE OF BIRTH	YEAR 6 AGE (IN Y LAST BIRTH		JNDER 24 HRS. 2c. DA	TE MONTH UNCED	
ECESSA UNERAL FOR YOUNTHIN	70 BIRTHPLACE FOREIGN COUNTRY N. C.	STATE OR	76. CITIZEN OF WH	AT COUNTRY?	8. MARRIED NEVER	MARRIED X	Baltimore	City,
LAY IS O THE PAGE E FILED		imore	11. NAME OF HOSE (IF NOT IN SUCH FAC 242 N	PITAL NURSING HOAD ILITY GIVE STREET ADDRESS (Spring (Ct.	N 120. USUAL OCC	CUPATION (TYPE OF WORK PORKING LIFE)	126 KIND OF BUSINESS OR INDUSTRY
RETAIN B	Md.	136 COUN		E RESIDENCE BEFORE ADMIS 13c. CITY OR TOWN Baltimore	13d. INSIDE CITY LI	10 🗆 242 N.	Spring Ct	
AND 2 OF VITAL	Sam	AE ED EVER IN U.S. AR	MIDDLE	Hill 166. SOCIAL SECUR	Louise		ADDRESS D	raughn
S. GIVE PA WITH FOI PAGES 1 DIVISION	(YES, NO, OR UNK		WAR OR DATES)	215-64-76		Boomer 217	Beal Ct.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ULD BE EXECUTED WITHIN 24 HOL "PENDING" IN PENCIL IN ITEM 18 IEF MEDICAL EXAMINER ALONG SED AS A BURAL-TRANSIT PERMIT "HEALTH AND MENTAL HYGIENE, IS CREMATION, OR REMOVAL.	gove couse lying c	ions, if ony, which rise to immediate a) stating the <u>under</u> ause last.	(b)	PIZUTE DISC AS A CONSEQUENCE AS A CONSEQUENCE	OF	e not determ		
BE USED VI OF HEA	190. DATE (OF OPERATION	19b. CONDIT		ERATION WAS PERFORMED	D?	E INJIHOV IKJ ITEM 10 DADT 1 OD	20. AUTOPSY? YES X NO
ARDED TO THE CHIE AGE 3 SHOULD BE US ATE DEPARTMENT OF OF PRIOR TO BURIAL,	UNDERLY III	G OR TING CAUSE OF OCCURRED NOT WHILE AT WORK	DEATH P.M. 21e. PLACE C	MONTH DAY YE. 19 DF INJURY (AT HOME, ORY, FARM, ETC.)	21f. LOCATION STREET	CITY OR		COUNTY STATE
TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 21201 P	22a. 1 ce	rtify that I took charulted from: Natu	rol couses :	Accident , solution olan, M.D.	Svicide , Hamicide TITLE (SPEC	CIFY) tant MEDICAL EX	monner X,	E NED 5/18/79
PAG TO F AFTE BAU	23a. BURIAL, CREA (SPECIFY)	ATION, REMOVAL	23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	N CC	DUNTY STATE
17 E (5))	Buria 24. FUNERAL DIR NAME Wm. C	ECTOR	5/21/79 ADDRESS		vary Cemeter	DATE REC'D. BY REGIS	rundel Cour RAR 1381, REGISTRAR	STENATURE

46111-84

1						STAT	E OF MARYLAND			
(M)		1 -	FOR STATE REGISTRAR	/24 V	DEPARTA		EALTH AND MENTAL HYG		79-	11495
Faha?		1 Dr	EASED NAME FIRST	(Mary)			AST	REG. N		YEAR 126 HOUR
e e e e			OR PRINT)	VA		HI	Ĩ.L		-11-79	YEAR 26. HOUR
2 00	- 1	3. SE		4 RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER	1 YEAR IF UNDER 24 HRS
Page 4 mpt be director, page 3 hours after death			FEMALE	BLAC	K	MONTI	H DAY YEAR	70	YRS.	DAYS HOURS MIN.
Se de se		70 P	RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHA	T COUNTRY?	MARRIE	D NEVER MARRIED	BALTIMORE CITY	R COUNTY OF DEA	ITH .
decrimate funeral thin 72 h	791		Known	1 63			DI DIVORCED	BALTO	o. CITY	MD.
the fune d within		10. CI	TY OR TOWN OF DEATH				OR OTHER INSTITUTION	120 USUAL OCCUPAT		CIND OF BUSINESS OR
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> = 50 =		14. FA	THER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NAM	WE		LAST
comple	00		Richard		Hill		Georgia			Hill .
	1		AS DECEASED EVER IN U.S.		SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	SS	
MORE, e execu- n and ce Pages		()	ES, NO OR UNKNOWN) (IF YES, C	GIVE WAR OR DATES)	NA		Mr. Lavis Tale	- Son 15	16 Brady	Ave.
ALT icrori icrori ol.			18 CAUSE OF DEATH (Enter	anly one cause per line	for (a) (b) an	lic) i	1		1 46	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
ST., BAL rtificate physicis emoval.			PART I. DEATH WAS CAU	SED BY:			CULAR A1	CREST		WEEN CINSE! AND DEATH
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he death cert he attending emove carbo motion, or re			7147	DUE TO, OR AS			ARTERY DI		V66971VA	LIEAN CANIN
e de movement	_ 1		Conditions, if any, which gave rise to immediate		orons	(ACIN-1	1476/10	0.00011012	METEL FAILUR
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		CERTIFICATION		11-6 8-00-1		-		20s AUTOPSY?	20b. IF YES, WERE	EINIDINICS LICED
L RECO	4	FC.	5-4-79-	10000	TESTIMA	LEKAJO	N WAS PERFORMED		IN CERTIFYING C	AUSES OF DEATH?
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SICIAN: T 19 physici certificate riol-transi then 18 sh	9	-	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF		MONTH D	YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR P.	ART 2)
IVSICIAN ding phy ding phy s certific ound-tr Mental b	/	V.	(IF EITHER, NOTIFY MEDICAL EXAMIN	ER) P.M.		19				
VISION G PHY or this s the bu		MEDICAL	21d INJURY OCCURRED	21e PLACE OF IN		ARM, ETC.)	211 LOCATION STREET	CITY OR TO	vn coun	TY STATE
DIVISION NO N		*	AT WORK AT WORK							
B o s o E			220.1 certify that (1) (this ha	4. A.	eased from_	A	PRIL 19 19	. 10	VP4 19 79	, that (1) (we) last
Pito for of to			sow the deceased alive above, (1) (we) (did) (did	on 1 WM	death	9 . 0	nd that in (my) (our) opinion o	death accurred on the d	ate and hour and fro	om the couses stated
TIEN birther Director Sched for use of He			226. SIGNATURE	7 /	1.		DEGREE		226	DATE SIGNED
			Wa XIV	7	1	~	ATTENDINGPHYSICIAN [MEDICAL STA		1 WAY 79
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1506 BP		1	urial urial		100.12		ion Cemetery	CITY OR TOWN	COUNTY	va.
DP			INERAL DIRECTOR	15/12/79	Tal	· · 4.		Warsav		
DHMH-16 20M (VRA 15, 4) 7/7			NAME	D /rr 130	ADDRESS	7 4 7		4070	hotaul	Coreson 1
1,00 13, 4///	·	W	m. C. March	F/H 110	1 E.	Nort	n Ave.	7 1 1 1979	1	

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 2b. HOUR DAYS BALTIMORE CITY OR COUNTY OF DEATH 12b KIND QE OF ALESMANWORKING LIFE) 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

COUNTY STATE

and that in (my) pinian death accurred an the date and haur and from the couses stated

24. FUNERAL DIRECTOR SOL LEVINSON & BRUS.

6010 REISTERSTOWN RD., BALTO., MD 21215

50 DATE REC'D. BY REGISTRAR 756

MATE

Betherwood

DHMH - 16 50M 1/76 (VR A 15 (4))

FOR

- STATE

18-111-31 ALLEN the same of the sa west Dear and way - was all the Mark of strains of the strains of th

DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20. DATE KNOWN DECEASED NAME MONTH 26. HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED HARRY HETTT.EMAN 6 AGE (IN YEARS DATE OF BIRTH 4. RACE IF UNDER 24 HRS DATE 21 H2U8 LAST BIRTHDAY PRONOUNCED male SEPT 15, 1891 white 1979 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OR MARRIED NEVER MARRIED ALTIMORE, MO DIVORCED Baltimore City 12h KIND OF BUSINESS 8. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Baltimore 1003 SELF EMPLOYED ISLIAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE 2500 W. BELVEDERE AVE 13d. INSIDE CITY LIMITS? 1136 COUNTY MARYLAND YES NO MIRIAM ADDRESS JULIUS HETTLEMAN APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple injuries IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D. AUTOPSY? BURIAL, YES NO . 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING X OR 12 1979 CONTRIBUTING CAUSE OF DEATH jumped out of window from 10th floor 21e. PLACE OF INJURY (ATHOME. 21 LOCATION 21d. INJURY OCCURRED WHILE AT WORK front lawn area 2500 W. Belvedere Ave. Baltimore, Maryland PAGE 4 SHOULD BE FORV
TO FUNERAL DIRECTOR: P
AFTER DEATH, WITH THE ST
BALTIMORE, MARYLAND, 21 22a. I certify that I toak charge af the remains described above, held an Autopsy deoth resulted from: Homicide Undetermined monner SIGNED 5/13/79 SIGNATURE EXAMINER'S NAME Margarita (TYPE OR PRINT) Korell M. D. ADDRESS 111 Penn Street SHOMRE HADATH -6010 REISTERSTONATOREC'D. 24. FUNERAL DIRECTOR **DHMH-17** (VR A15 ME (5)) 15M 7/76

88411-6W 147 87111 87 Free or received me not serviced the property of the country The Comment of the State of Particular States Commence of the second second second ELT TE TO ME TO ME STORE AND TERME EXCHANGE EXCHANGE EST CANALA IN LAW TON MINER WINDOW HOLD TONE AND ARREST OF THE PARTY OF TH Sufferent Holde Che wille

FOR STATE

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIEIC ATE OF DEATH

79-11499

	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.	•	
	ECEASED NAME FIRST	WIDDLE	ı	AST	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
[17P]	PE OR PRINT)	ias Ellicott	Hewes		May 26,1979		11:10
3 SE	EX	4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	
	Male	White	Dec	27,1894 YEAR	84	MONTHS DAYS	HOURS MIN
	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUL	NTRY? 8	NEVER MARRIED	9 BALTIMORE CITY OR CO		
	Maryland	USA	WIDOWE		Baltimore C	ity	
10 C	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N		OR OTHER INSTITUTION	12a USUAL OCCUPATION		OF BUSINESS
	Baltimore /	(IF NOT IN SUCH FACILITY, GIVI Edgewood	Nursing	Home	Florist	ING LIFE) I INDOSTR	
USU 13a	JAL RESIDENCE (IF NURSING HOME O STATE 136 COU	PROTHER INSTITUTION, GIVE RESIDENCE NTY 13c CITY OF	E BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS		
	aryland		imore	YES NO	622 Walker	Ave.	
14 F.	ATHER'S NAME FIRST John	MIDDLE LA	ŠT TŠ	IS MOTHER'S MAIDEN NA	WE	L.	AST
		Hewes	L SECURITY NO.	Frances 17 INFORMANT	ADDRESS		
180.		/E WAR OR DATES]			832	Evesham	Ave.
	No	216-	05-0487	Mrs. Louise	D. Bareham Bal		
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per line for (a),	(b), and (c)	1. 1.	1		NONSET AND DEAT
		TE CAUSE (o)	evam	VISCUIAN	Accident	- 3-	uks
	436-	DUE TO, OR AS ACON	SEQUENCE OF	/ 4			
	Conditions, if ony, which	(16) gen	lenali	ged BRIC	mio selensi	5 44	15
	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CON					
	underlying couse lost.	DOE TO, OR AS A COIN	SEQUENCE OF				
14	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTIN	IG TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITIO	N GIVEN IN PART	10
Z	Anto	rosdenotic	OV	7			
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR V	VHICH OPERATIO	N WAS PERFORMED		IF YES, WERE FIND	
F					YES NO	CERTIFYING CAUSE YES	NO []
1 8	21a. ACCIDENT WAS UNDERLYING			21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITI	M 1B, PART 1 OR PART 2)	
	OR CONTRIBUTING CAUSE OF DE		H DAY YEAR				
MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY		211. LOCATION			
W	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY	STATE
	22a I certify that (I) (this hosp	stal) attended the deceased	from 5	-13-1069	in Mars 26	10 79	, that (I) (we) I
	sow the deceased alive or	744 25	9 44	nd that in (my) (sai) opinion	death occurred on the date or		
	obove, (I) (we) (did) (did no	ot) view the body ofter deoth.		DEGREE		122c. DAT	E SIGNED
	Men	un/ M.E),	ATTENDING	MEDICAL STAFF		-29-7
1	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		22e. ADDRESS			
	S.J. Vena	ble, Jr. M.	D.	7215 York Ro	d. Baltimore,	Md.	
	BURIAL, CREMATION, REMOVA	L 23b. DATE	23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
-	Burial	May 29,1979	Parl	kwood	Parkville, B		
1		1 1	- 0.2		Pulled And The Day of the Pulled And	W-001 110	

BP.

etoined by the haspital ar ottending physicio

TO HOSPITAL

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physici should be detached for use as the burial-transit permit. Then please remaye carban paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

24. FUNERAL DIRECTOR DHMH-16 50M 7/77 (VR A 15 (4)) Mitchell-Wiedefeld Home, Inc.

Parkwood 6500 York Rd. ADDRESS Balto., Md.

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

48-111-82		
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	anonari dagetti	infol
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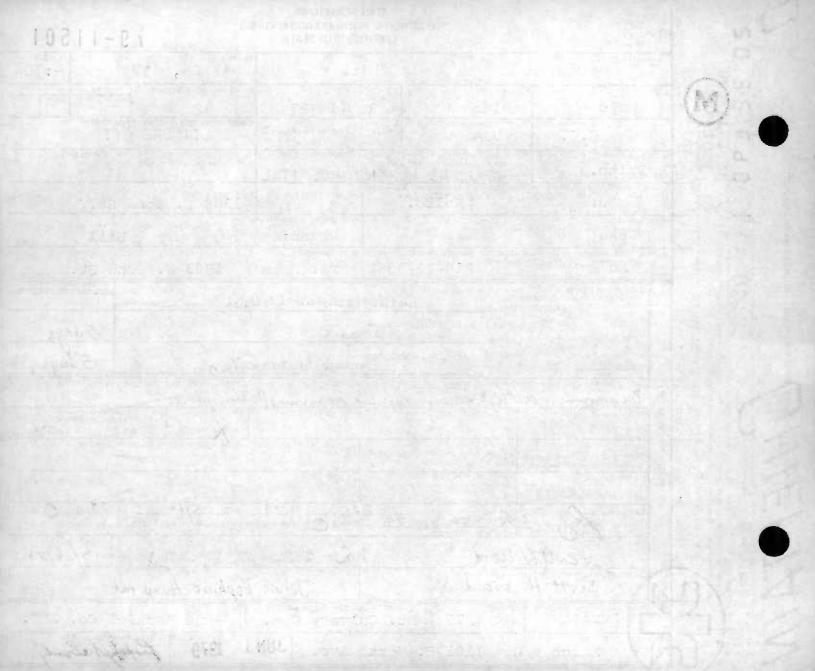
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG, NO.	7	9	 1	1	5	0	1	
REG, NO.	-	_		-				

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W. 1	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO. 79	-11501
	DECEASED NAME FIRST JOSEPH	MIDDLE	HILL	MAY 26, 1979	Y YEAR 26 HOUR 4:30A
4)	Male	A.RACE Black	5. DATE OF BIRTH MONTH 1 0AY 97	82 YRS.	FUNDER 1 YEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN.
70	N.C.	TB. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED NEVER MARRIED XX WIDOWED DIVORCED	BALTIMORE COUNTY OF COUNTY OF	OF DEATH
natifie	Balto.	(IF NOT IN SUCH FACILITY, GIVE STREET A	OPKINS HOSPITAL	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126. KIND OF BUSINESS O INDUSTRY
E	UAL RESIDENCE (IF NURSING HOME OR I. STATE Md. 136 COUN	other institution, give residence before TY Balto.	YES 🔼 NO 🗌	130 3 N. Bond	St.
exomine exomin	FATHER'S NAME Un'Kn ^	LAST LAST	15. MOTHER'S MAIDEN NA WENNIE	MIDDLE	Hill LAST
medica 160	NO	war OR DATES) 214-22-	9588 Mrs. Knox		
event, th	18 CAUSE OF DEATH (Enter onl) PART I. DEATH WAS CAUSEI IMMEDIAT	y one couse per line for (o), (b), op DBY: E CAUSE (o)	ardiovasaular col	lapoe	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
50	Conditions, if any, which gave rise to immediate	DUE TO, OR AS A CONSEQUE	Sepsi's		5 days
ar ather	couse (a), stating the underlying couse last.		Winay tract in		5 days
NOLL		h Staph amour, t	DEATH BUT NOT REVATED TO THE TERM Websiella preumonia, P OPERATION WAS PERFORMED	roteus species	WERE FINDINGS USED
CERTIFICATION	TYO DATE OF OPERATION			YES NO NO YES	ING CAUSES OF DEATH?
MEDICAL CE		P.M.	21c. HOW INJURY OCCUR	RED (EMER NATURE OF INJURY IN ITEM 18, PAR	IT I OR PART 2)
MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F		CITY OR TOWN	COUNTY STATE
21 is mo	220.1 certify that (1) this hospit saw the leceased alive an above (1) well did (did no		79, and that in (ay) (our) opinion	death occurred on the date and hour	
17: If Her	22b. SIGNATURE Scott	H-Wood	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	5/26/79
MPORTANI	22d. PHYSICIAN'S NAME (TYPE OF	. Wood	22e ADDRESS Johns	Hopkins Hospita	l
230	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		NAME OF CEMETERY OR CREMATORY t. Calvary Cem.	23d LOCATION CIRCUM APPROVED Anne Arundé	el" Co., Md.
7 24	FUNERAL DIRECTOR WM C March F	/H 1101 AODRESSS	North Ave. 2500	TE REC'D. BY REGISTRAR 755. RECISTR	ARS SIGNATURE



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-11502 - STATE CERTIFICATE OF DEATH REGISTRAR REG NO LAST DECEASED NAME 20 DATE OF DEATH MONTH 2b. HOUR RANDOLPH (TYPE OR PRINT) HILL SR. MAY 6:40A 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 1 SEX 4 RACE S. DATE OF BIRTH IF UNDER 24 HRS. MONTH Male MONTHS DAYS HOURS White Dec. 11. 1927 To. BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED West Virginia USA BALTIMORE CITY WIDOWED DIVORCED T 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Truck Driver INDUSTRY, Baltimore Drug Distrub. JOHNS HOPKINS HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 1620 "A" Dartford Road 21221 Baltimore Essex 21221 13d. INSIDE CITY LIMITS? Maryland NO X 15. MOTHER'S MAIDEN NAME A FATHER'S NAME MIDDLE MIDDLE HAST Fannie Jeseph Clark WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT **ADDRESS** (YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) 018-28-7238 Same Gleria Dawn Hill Yes APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Conditions, If any, which pove rise to immediate BEFOR couse in), stating the underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS USED 20a. AUTOPSY IN CERTIFYING CAUSES OF DEATH? TIE ACCIDENT WAS ONDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OF CONTRIBUTING TO CAUSE OF DEATH LIFETTHER, NOTHY MEDICAL EXAMINERS 214 INJURY OCCURRED 21 a. PLACE OF INJURY 211 LOCATION CITY OF TOWN COLINITY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 27 I certify that it (this haspital artinded the deglosed from. and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED STAFF ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN FUNES uld be 224 PHYSICIAN'S NAME (THE ORDERNY) 22e. ADDRESS ORT 23d LOCATION CITYOR TOWN Baltimore, Maryland 73s BURIAL CREMATION REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b DATE Burial STATE Baltimore National Cem. BP 14. FUNERANDIRECTOR DHMH - 16 50M 7/77 (VR A 15 (4)) Funeral Pene PA 1407 Old Eastern Ave.

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	3	March San 18	- 6524-65-251	1270	582

completely filled in by the funeral directors on a 2 should be filed within 72 hours

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TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physic should be detached for use as the burial-transit permit. Then please remove carbon pape with the State Dept. at Health and Mental Hygiene prior to burial, cremation, or removal.

OR ATTENDING PHYSICIAN: The lo

TO HOSPITAL

etoined by the hospital or attending physicia

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

11503

1	1 -	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	19-1	130	, ,
1		CEASED NAME OR PRINT)	FIRST		MIDOLE	L	AST	20. DATE OF DEATH		YEAR 2	b. HOUR
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	3. SE>			4. RACE		S. DATE C		6 AGE (IN YEARS LAST BIR	THDAY) IF UND		FUNDER 24 HRS
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d		RTHPLACE (STATE OR F	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIEI	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF D	EATH	
2	1	MARYLAND		U.S.		WIDOWE	DIVORCED [BALTIMORE			MD
Ä	10 CI	TY OR TOWN OF DEA	ATH		HOSPITAL, NURSIN		R OTHER INSTITUTION	120 USUAL OCCUPAT		KIND OF I	BUSINESS OR
4		BALTIMORE	1		AGNES HOS			SWITCHBOARI	OPERATO	R, HUT	ZLERS
3	130. S	L RESIDENCE (IF NUR. TATE MD.	1136 COUN Balti	ITY	GIVE RESIDENCE BEFORE 136. CITY OR TOW Oaklee V	N	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS	21229 EEDS AVEN	ΠF Δ	PT.E.
	14. FA	THER'S NAME					15. MOTHER'S MAIDEN NA	ME	EDD HVER		
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1		AS DECEASED EVER	IN U.S. AR	MED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDR	ESSFAIRBOR	N. OH	IO 4532
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1	-	0010		DUE TO, O	R AS A CONSEQUE	MILA	m				
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)	CERTIFICATION	19a DATE OF OPERA	TION	196. COND	ITION FOR WHICH	OPERATIO	n was performed	200 AUTOPSY?	206. IF YES, WER IN CERTIFYING YES	CAUSES O	
П	CE	210. ACCIDENT WAS UN			FINJURY M. MONTH DA	YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 O	R PART 2)	
1	CAL	(IF EITHER, NOTIFY MEDIC		iin	м.	19				Marie .	12.00
	MEDICAL	21d. INJURY OCCUR		21e. PLACE	OF INJURY	ARM, ETC.)	21f. LOCATION STREET	CITY OR TO	wn co	UNTY	STATE
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ı		sow the deceos above, (I) (we) (ed alive on	t) view the body	ofter death.	79,01	d that in (my) (our) opinion	deoth occurred on the d	late and hour and	from the co	uses stated
1		226. SIGNATURE	7	77	7		DEGREE			2c. DATE SI	GNED
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1	23o. B	URIAL, CREMATION,	REMOVAL	23b. DATE	23c. N	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	COUNT	rv.	STATE
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1	24 FU	INERAL DIRECTOR		-/ .//	R/	ALTO	MD. 21229250. DAT	E REC'D. BY REGISTRAR	25b. REGISTRAR'S	SIGMATUS	?F
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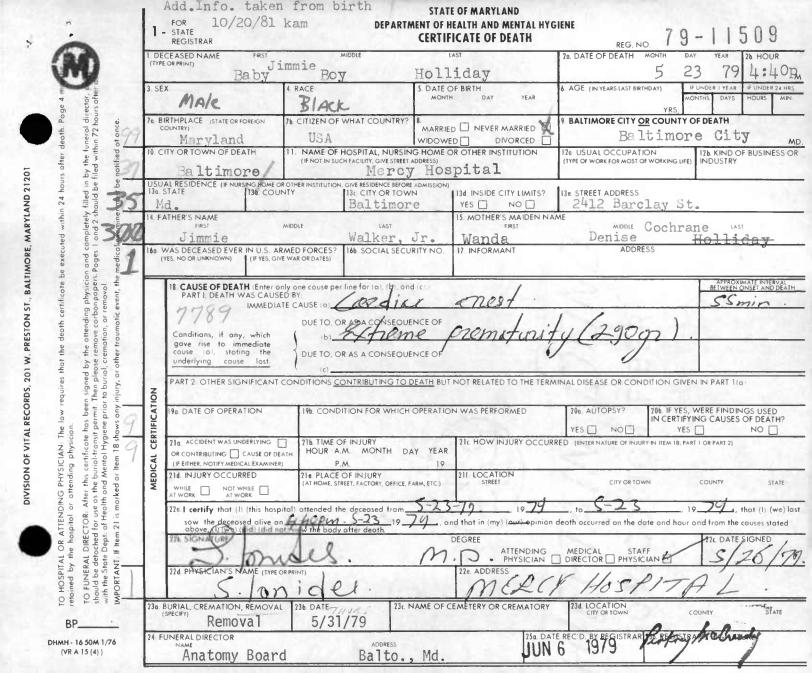
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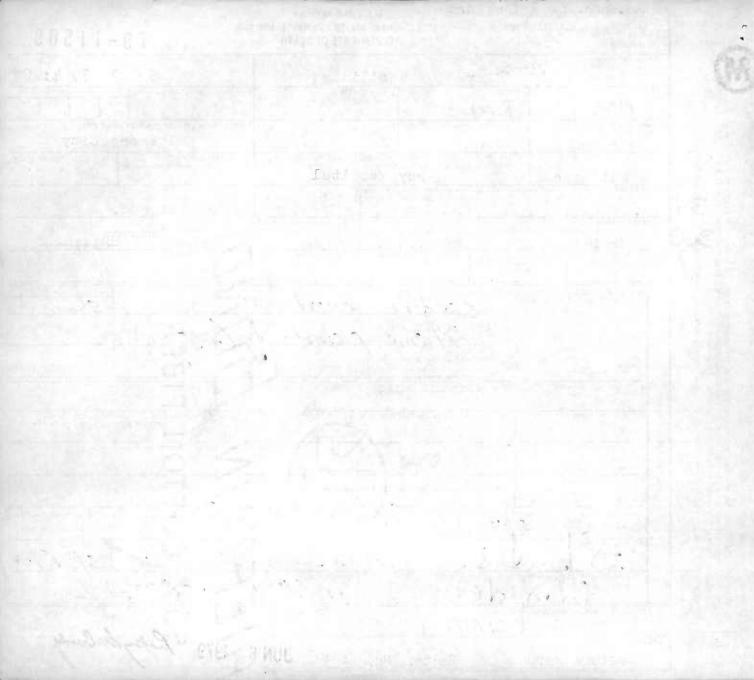
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME MIDDLE 20. DATE KNOWN X (TYPE OR PRINT) OF ESTI-DEATH MATED 2819 79 Frank Holland SEX 4 RACE 5. DATE OF BIRTH IF UNDER 1 YR IF UNDER 24 HRS 7:32R DATE LAST BIRTHDAY PRONOUNCED Male White DEAD 12 07 28 19 79 YRS TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Maryland U.S. WIDOWED X DIVORCED [Baltimore City, ID CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (TYPE OF WORK II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Steam Fitter Baltimore City St. Agnes Hospital 3. RETAIN PASHOULD BE I USUAL RESIDENCE (IF IN NURSING MOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13d. INSIDE CITY LIMITS? 128 S. Twin Circle 21227 Baltimore Maryland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Lula Holland Hiltner PAGES 1 AND DIVISION OF VIT Joseph 16b. SOCIAL SECURITY NO 17 INFORMANT ADDRESS 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? James F. Holland 1317 216-10-6055 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). BETWEEN ONSET AND DEATH BURIAL-TRANSIT PERMIT.
AND MENTAL HYGIENE, D.
ON, OR REMOVAL. PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a)-DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF BURIAL, YES NOV 3 SHOULD BE DEPARTMENT C 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 0 MEDICAL P.M. 19 PRIOR 21e. PLACE OF INJURY (ATHOME. 21E LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK Inspection XX 220 I certify that I took charge of the remains described above, held an and in my opinion Natural couses XX Homicide Undetermined manner death resulted from EXECUTE THE CERTIF PAGE 4 SHOULD BE TO FUNERAL DIRECT AFTER DEATH, WITH BALTIMORE, MARYLA TITLE (SPECIFY) ACTUAL DATE SIGNED 5/28/79 MD Deputy Chiefdical Examiner SIGNATU EXAMINER'S NAME Thomas D. Smith, M.D. 111 Penn St. Balto., MD. TYPE OR PRINT 23c NAME OF CEMETERY OR CREMATORY 30 BURIAL CREMATION REMOVAL Balto. National Cem. Maryland Burial Baltimore BP 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **DHMH-17** (VR A15 ME (5)) Gonce 4001 Ritchie Highway 15M 7/76

STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 2n. DATE OF DEATH 2b. HOUR L DECEASED NAME (TYPE OR PRINT) Beulah 24. Hooper May Mae IF UNDER 24 HRS & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 5. DATE OF BIRTH 4. RACE HOURS October 4. 88 White Female BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? To. BIRTHPLACE ISTATE OR FOREIGN MARRIED ANEVER MARRIED Baltimore City Maryland TISA WIDOWED DIVORCED [12b. KIND OF BUSINESS OR 12a USUAL OCCUPATION 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION IS CITY OF TOWN OF DEATH 1623 Popland Street. TYPE OF WORK FOR MOST OF WORKING LIFE Own Home 21226 Baltimore Homemaker USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 13b. COUNTY 13r CITY OR TOWN Raltimore Popland Street 21226 YES KIX NO 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE Madora James Costin Zimmer 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Popland Street (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) Catherine H. Poulton Balto. Md 21226 None No APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: Entedrac & Pulmonson IMMEDIATE CAUSE (0)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) CERTIFICATION 20h, IF YES, WERE FINDINGS USED 20a AUTOPSY? 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 190. DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOF YES T NO [Hygie 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21m ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 19 (IF FITHER, NOTIFY MEDICAL EXAMINER) 21f. LOCATION 21# PLACE OF INJURY 21d INJURY OCCURRED COUNTY STATE CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 18404 220.1 certify that (1) (this hospital) attended the defeosed from and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED DEGREE 3% SIGNATURE TO FUNERAL D should be detail with the State D DIRECTOR PHYSICIAN MPORTANT 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS 23d. LOCATION 23c NAME OF CEMETERY OR CREMATORY 23a, BURIAL, CREMATION, REMOVAL Baitimore, Maryland STATE Lorraine Park Burial May BP. Pennington Avenue 24. FUNERAL DIRECTOR DHMH - 16 25M Funeral Home Balto., Md. 21226 (VR A 15 (4)) 9/74

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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

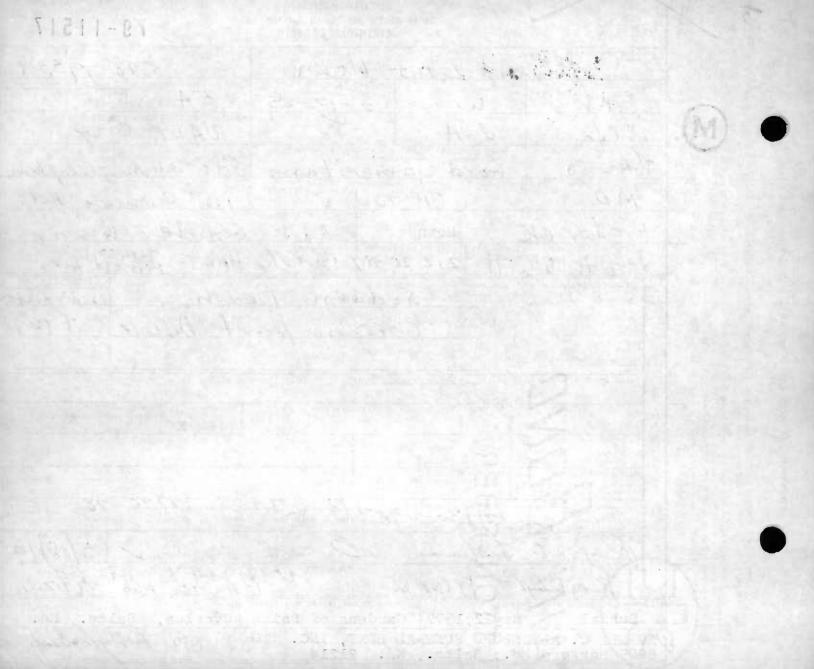
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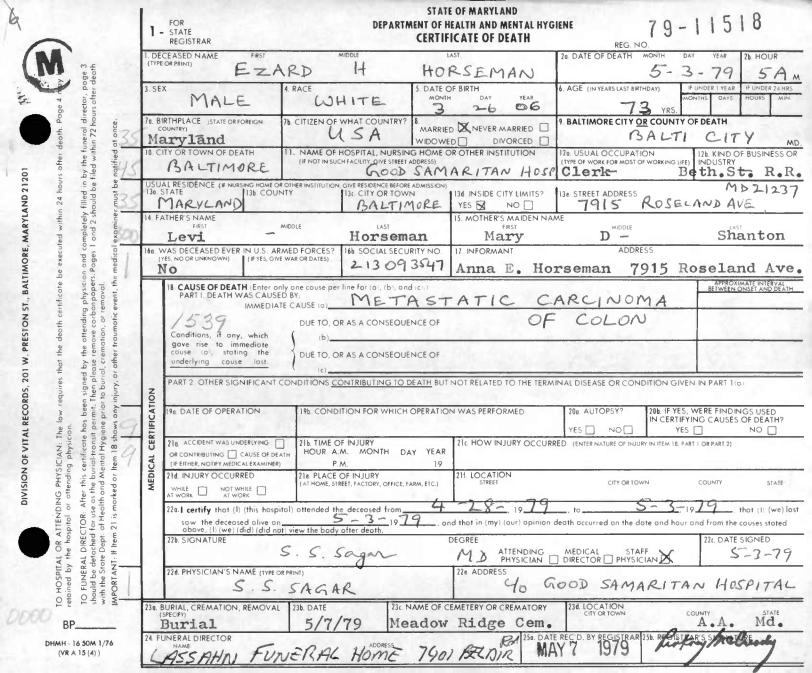
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	(TYPE	E OR PRINT)	Joseph	1	P.		Hor	an				MATED X	5	19	1979	
	3. SEX	4	I. RACE 5	DATE OF BIRTH	YEAR	6. AGE (IN YEAR			IF UNDER		2c. DATE	CED	MONTH	DAY	YEAR	2d HOUE
	Ma	le	White	April19	, 131	48 YR		DAYS	HOURS	MIN	PRONOUN DEAD	CED	5	19	19 79	1:48 P ~
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3	Ma	ryland	1	U.S.A.			WIDOW			ED 🗆]	Baltim	ore	City	7 ,	ME
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0		THER'S NAME FIRST Joseph	j	MIDDLE .	Horan Is. Mother's maiden name First Anna Middle							0	Ottenretter			
	16a. W	AS DECEASED	EVER IN U.S. ARME	D FORCES?		AL SECURITY		17. INFORM				ADDRESS		21239		
		No			212	-26-7	606	Elea	nor	A. 1	Farle	y1307	' G1	enm	nont	Rd.
	7	PART I DEA	DEATH (Enter only of the MAS CAUSED BY IMMEDIATE So, if only, which is to immediate stating the under-	CAUSE (a) B1	lunt XXXXX rain	injury XXXXXX contus	ions	head v	with	sku1	1 frac	cture	and	BETV	pproximate ween onset	AND DEATH
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	O			Er	pilep	sy										
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2	CAL	CONTRIBUTIN	G CAUSE OF DE	ATH ? P.M.	5	18 ₁₉ 79			fel1	dur	ing se	eizure				
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0		22a. I certify death resulted	that I took charge of tram: Natural	-	ibed obov		Autops	y X, Homic	Inspectio		Inquiry termined mo		d in my op	oinion		
		ACTUAL SIGNATURE_	Urgina	LDoen	2	p	M.	Ass:	istan	nt MED	ICAL EXAM	NER	DATE	5/	/20/7	9
2		EXAMINER'S N (TYPE OR PRIN	T) Virgi	nia L. Do				ADDRESS_				Penn	Stre	et		
	151	DECIEV\	ION, REMOVAL 236			AME OF CEM				CITY	OCATION OR TOWN	Kyajumia	COUN			ATE
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				ADDRESS							1979	hick	toy	12/	tack.	
	WI	TIIam	E. John	son 852;	1 Lo	ch Ra	ven	Blv	MHI	~ 1	13/3	,	/	-01	7	-

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DHMH - 17 (VR A15 ME (5)) 15M 7/76

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DIVISION OF VITAL

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Megan Tidon Mes. In. circides Lawred Toy, Mi.

MAY 1 3 1873 Personal Id telefile and committee of the state.

Singleton Funeral Home, Glen Burnie, Md

24. FUNERAL DIRECTOR

DHMH-17 (VR A15 ME (5)

15M 7/76

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2h HOUR

8:20

19 79

19 79

12b KIND OF BUSINESS

LAST

Same as

Carden

20. AUTOPSY?

YES X

6-1-79

JUN 5 1979

STATE

Md.

NO [

STATE

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

And Table to the second of the second Charles P. Hater Manageret Steine es TOTA FIRST 148 - TETTAL F.S. Carol A. Huber walqi 5/4/79 Cedar Hill Cometery Brooten carbona.

4	THE STATE OF THE S			
O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be	enough the magnitude of outenancy progression. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page	should be detected for use as the buriot-fronts permit. Then please remove corbanapeers. Pages 1 and 2 should be filed within 72 hours ofter dear the control of the contro	With the Store Dept. Of neutral on well on 1996 are prior to boriou, cremonou, or removed. MPORTANT: if them 21 is morked or from 18 shows ony injury, or other troumofic event, the medical examiner must be morked or once.	

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-11522

		REGISTRAR		CERTIFICA	IL OF DEATH	REG. NO	0. 10	0 4 4
		CEASED NAME JOAN	WIDDLE	HUD	SON	20 DATE OF DEATH	23 DAY YEAR	2b. HOURS
	3. SE	FEMALE	BLACK	5 DATE OF BIR	DAY SEAR &	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR MONTHS DAYS YRS	IF UNDER 24 HRS HOURS MIN
242	7a B	IRTHPLACE (STATE OR FOREIGN 76 OUNTRY)	CITIZEN OF WHAT COUNTRY	MARRIED WIDOWED	NEVER MARRIED DIVORCED	BACT	C / TH	MD.
motified of	10 C	SAMO CITY	(IF NOT IN SUCH FACILITY, GIVE STREET		PIME	12a USUAL OCCUPATION OF THE OF WORK FOR MOST OF THE		OF BUSINESS OR
r must be	13a S	AL RESIDENCE (IF NURSING HOME OR OTH STATE 186 COUNTY	IER INSTITUTION, GIVE RESIDENCE BEFO	NB 10 1 13d	INSIDE CITY LIMITS?	13e. STREET ADDRESS	IENSON	AUL
exomine	14. FA	ATHER'S NAME MIDE	Lew	15 /	MOTHER'S MAIDEN NA	WE	WALKE	ST
e medicol		NAS DECEASED EVER IN U.S. ARME YES, NO PROUKNOWN) (IF YES, GIVE WA	R OR DATES)	17. 17. 16. 17. 16. 17. 16. 17. 16. 17. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18	MFORMANT LIGENE HI	udon 20	SS HenJON	21061 Round
event, th		18 CAUSE OF DEATH Enter only of PART I. DEATH WAS CAUSED B	Y: PIII C	ONAR	1 Enl	BOLISM	APPROJ BETWEEN	CIMATE INTERVAL ONSET AND DEATH
roumotic		Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A CONSEQU	737A7	ne co	A BRU	735	
or other		couse (o), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CON	DUE TO, OR AS A CONSEQU		DELLATED TO THE TERM			
volui vo	ATION	THROPBOU	MPENIA!	G1 6	BIERD >	1200 AUTOPSY?	206 IF YES, WERE FIND	
1	CERTIFICATION	71g. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	- 57 3		YES NO	IN CERTIFYING CAUSE	
r Irem 18	MEDICAL C	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH [P.M.]	DAY YEAR	LOCATION			
orked	WE	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE,		STREET	CITY OR TOW	N COUNTY	STATE
si 12 ma		220.1 certify that (I) (this bospital) say the decease of alive on obeye, (I) (was said) (did ot) v 221 SIGNATURE	5/65//19	2), ond the		deoth occurred on the do	ote and hour and from the	that (I) (E) lost couses stated
2		234 PAYS CAN'S NAME (TYPE OR PR	A Julio	trofel	ATTENDING PHYSICIAN DADDRESS	MEDICAL STAF	F	23/79
MPOKIAN.	(J.L.LIC	HTENPE	No o	2435	W. BER	repine	ANG
	23a. E	BURIAL, CREMATION, REMOVAL		NAME OF CEMET	TERY OR CREMATORY	23d. LOCATION	COUNTY	STATE

DHMH - 16 50M 1/76 (VR A 15 (4))

BP.

24 FUNERAL DIRECTOR
NAME MAY 25 1979 ADDRESS

A.A. Co.

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STATE OF MARYLAND

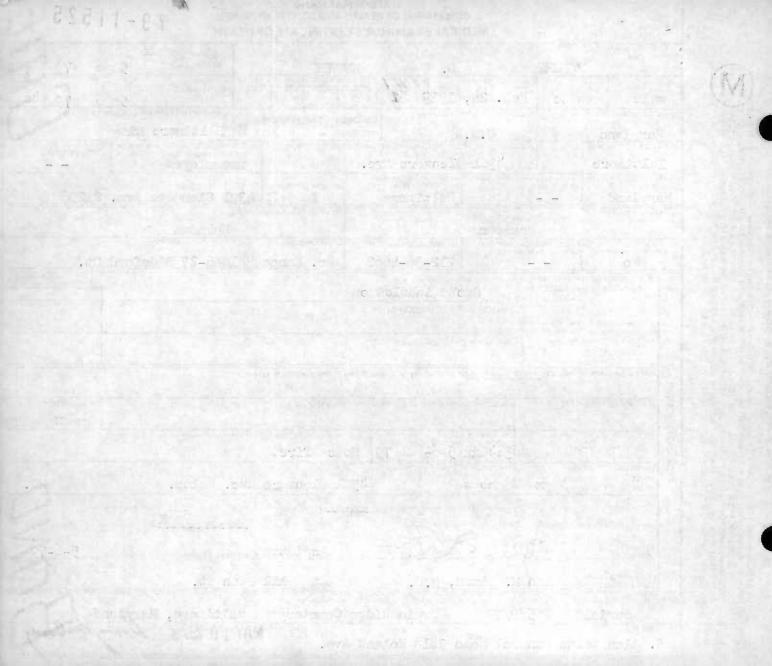
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2n DATE OF DEATH MONTH YEAR 2h HOUR (TYPE OR PRINT) 00 3 SEX RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS YEAR DAYS HOURS In BIRTHPLACE 76 CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH STATE OF FOREIGN MARRIED NEVER MARRIED WIDOWED DIVORCED T TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 17h, KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 136 COUNTY 13c. CITY-OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME WIDDLE FIRST MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 16h SC 17 INFORMANT APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF NTRACEDEBRAY Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last ATHEROSCIEROTTO à 0 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 0 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED. 20a AUTOPSY 20b. IF YES, WERE FINDINGS USED à IN CERTIFYING CAUSES OF DEATH? Mento! Hygiene YES I NO [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Item (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE orked o NOT WHILE WHILE AT WORK AT WORK 220.1 certify that (Dirthis harpital attended the deceased from DIRECTOR sow the deceo im my (our) opinion death occurred an the date and hour and from the causes stated and that did kdid not) view the body after death detached tote Dept. 22h. SIGNATURE DEGREE 22c. DATE SIGNED = MEDICAL STAFF ATTENDING be deto PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS should be with the S 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY BP 24. FUNERAL DIRECTOR 250. DATE RECD. BY REGISTRAR 756. REGISTRAR'S SIGNATURE DHMH - 16 50M 1/76 (VR A 15 (4))

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2/		1							MARYLAND					FOE						
		FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-									-	525								
		1	REGISTRAR			MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. N								. NO.						
			CEASED NAM	E FIRST		240 F	WIDDIE		LAST	Mark Street	20. DATE	KNOWN X	MONTH D	AY YEAR	26 HOUR					
		1	CORPRINT	ROBER	RT		L.	н	JGHES		OF DEATH	MATED	5 6	1979	M					
	(NA)	3. SE	X	4. RACE	5 DATI	E OF BIRTH	A AGENTY	ARS IF UN	DER 1 YR. 1	F UNDER 24 HR				DAY YEAR	2d HOUR					
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6	RETAIN BECORDS	13a S	STATE	136 COU		NSTITUTION, GIVI	13c. CITY OR TOWN		13d. INSIDE CITY		TREET ADDRES									
21201	T T T	_	aryland		-		Baltimore	3	YES X			nmore A	lve. 2	21206						
MD.	I . NA	14. F	ATHER'S NAME		WIDDLE		LAST		15. MOTHER	'S MAIDEN NA	ME	DDLE		LAST						
	RM PW PW OF VIII	1			Unk	nown					Unkno	wn								
AOR	T 4	160.	WAS DECEASE	DEVER IN U.S. A	RMED FOI		166. SOCIAL SECURI	TY NO.	17. INFORMA	ANT		ADDRESS								
BALTIMORE	E H H H O		No	(1100,01			212-36-46	562	Mr. I	ance Ho	olden-2	7 Bidef	ord (t.						
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۵	E. THIS CER TE, WRITING DRWARDED : PAGE 3 S STATE DEP 21201 PRIO		AT WORK	AT WORK	×	hous	е	430)I Glen	mare Av	re. Bal	to.		17.33	Md.					
	S S S S		22a. I certi	fy that I took cho	rge of the	remoins desc	ribed obove, held on	Autop	sy X	Inspection .	Inquiry	Ond is	n my opinio	on						
	L EXAMINER: E CERTIFICATE OULD BE FOR IL DIRECTOR: H, WITH THE MARYLAND, 2	1.	deoth result		ural couse			uicide _	, Homicio		determined ma	77								
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	SH SH SH		SIGNATURE,	1	11	V		. 14	1.D	M	EDICAL EXAM	INEK	SIGNED							
	MEDICA ECUTE TH 3E 4 SH FUNERA FER DEAT		EXAMINER'S (TYPE OR PRI		nn M	. Dixo	n, M.D.		ADDRESS	111 Pe	nn St.									
171	EXECUTE PAGE 4 TO FUNE AFTER DE BALTIMO	23a F		TION, REMOVAL			23c. NAME OF C	METERY			LOCATION									
4001		1	SPECIFY) Bur			/79	Druid I			error F		re, Mar	COUNTY	S'	TATE					
	BP	24. F	UNERAL DIREC		217	/ 1/	בועבעו	era Re		Sa. DATE ALTON	BY REGISTRA	RZ (16. REGISZ	PAR'S HGI	JAKO A						
	DHMH - 17 (VR A15 ME (5))				Tuner	ADDRESS HOM	ne 3818 Ro	land		MA	1 10.13	13 /	Lile	11.00	way .					
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1 - STATE

must be notified of once.

injury, or other troumotic event, the medical exam

IMPORTANT: If Item 21 is morked or Item 18 shows ony

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral is should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages I and 2 should be filed within 72 h, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND

DEPAR

RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE REG. 1	7	9 -	115	526
LAST	2a. DATE OF DEATH	MONTH	DAY 14	YEAR	26 HOU

7a.	REGISTRAR		CERTIFICATE OF DE	RE	G. NO.	
7a.	DECEASED NAME FIRST TYPE OR PRINT) MILTON	WAYNE	HUNT	2a. DATE OF DEA	os 16	79 SOP.M
10.	SEX BIRTHPLACE ISTATE OR FOREIGN	WHITE	5 DATE OF BIRTH MONTH DAY 7-10-19	YEAR 6 AGE (IN YEARS LA:	YRS.	OAYS HOURS MIN
US 130	COUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED LI NEVER MA	RRIED SALTI	MTRE CITY	MD.
130	BALTIMORE	11 NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE) SOUTH SALT				VIND OF BUSINESS OR JETRY Cels - City
14	SUAL RESIDENCE (IF NURSING HOME OF		WN 13d. INSIDE CITY YES 1	00 913 1	Henry	11. 21213
Ċ,	FATHER'S NAME	MIDDLE ZLAST	t. Is MOTHER'S N	ALIDEN NAME MIDE	Trip	lett
160	(YES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 166 SOCIAL SEC E WAR OR DATES)	Turity NO. To INFORMANT	Ir. Hunt &	- 913 mc	Henry It
	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSEO (b) DUE TO, OR AS A CONSEO (c) CONDITIONS CONTRIBUTING TO	, Lyanian UENCE OF	v `		
CERTIFICATION		Leing.	H OPERATION WAS PERFORA		20b. IF YES, WERE IN CERTIFYING C.	
MEDICAL CER	00.00.00.00.00.00.00	HOUR A.M. MONTH	DAY YEAR 19 211 LOCATION		FINJURY IN ITEM 18, PART 1 OR P.	
	sow the deceosed olive on obove, (I) (we) (did) (did no 22b. SIGNATURE)	otol) ottended the deceosed from \$1/6 193	OEGREE ATT	19.74, to	STAFF 22c.	
230	228 PHYSICIAN'S NAME (TYPE O		22s. ADDRESS		GENHOSPI	1,0

BP. DHMH - 16 50M 7/77 (VR A 15 (4)) 338/1-61

STATE OF MARYLAND

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FOR

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STATE

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IN CERTIFYING CAUSES OF DEATH?

COUNTY

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STATE

YES [

REG. NO 2b. HOUR 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS DAYS HOURS

BALTIMORE CITY OR COUNTY OF DEATH

BALTIMORE CITY 120. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY

3811 CANTERBURY RD.

LAST

ADDRESS 21229

APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH

20b. IF YES, WERE FINDINGS USED

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

21t. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

and that in (my) (aur) apinian death accurred on the date and hour and from the causes stated

STAFF

DIRECTOR PHYSICIAN

COUNTY

DHMH - 16 50M 1/76 (VR A 15 (4))

ADDRESS

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

MITCHELL-WIEDEFELD HOME 6500 YORK RD

STATE OF MARYLAND

TAUGRASSIA NATSIE T. 3. SEX 4. RACE W Sep. 10 1915 76. BIRTHPLACE ISTATE OR FOREIGN COUNTRY) MISSOURI TIS A MARRIED W NEVER MARRIED PAINT TIMORE CITY OR COUNTY OF DEATH MARRIED W NEVER MARRIED PAINT TIMORE CITY OR COUNTY OF DEATH	2b. HOUR
TUBRASIA NATSIE T. 3. SEX 4 RACE W Sep. 10 1915 63 YRS. 78 BIRTHPLACE (STATE OR FOREIGN TA CITIZEN OF WHAT COUNTRY?) 18 BIRTHPLACE (STATE OR FOREIGN TA CITIZEN OF WHAT COUNTRY?) 19 BIRTHPLACE (STATE OR FOREIGN TA CITIZEN OF WHAT COUNTRY?) 19 BIRTHPLACE (STATE OR FOREIGN TA CITIZEN OF WHAT COUNTRY?) 10 BIRTHPLACE (STATE OR FOREIGN TA CITIZEN OF WHAT COUNTRY?) 10 BIRTHPLACE (STATE OR FOREIGN TA CITIZEN OF WHAT COUNTRY?) 10 BIRTHPLACE (STATE OR FOREIGN TA CITIZEN OF WHAT COUNTRY?)	2h. HOUR
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M W Sep. 10 1915 63 MONTHS DAYS 76. BIRTHPLACE ISTATE OR FOREIGN COUNTRY? MISSOURI II S A MARRIED NEVER MARRIED RALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED RALTIMORE CITY OR COUNTY OF DEATH	3
76. BIRTHPLACE ISTATE OR FOREIGN TO COUNTRY? MARRIED MARRIED NEVER MARRIED TO BALTIMORE CITY OR COUNTRY OF DEATH	IF UNDER 24 HRS
MISSOULI O.B.A. WIDOWED DWORCED DALITHORE CITY	٨
	F BUSINESS O
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	S camps
Maryland Baltimore YES XX NO□ 228 S. Calhoun St. 212	223
LAST FIRST MIDDLE LAST FIRST MIDDLE LAST FIRST MIDDLE LAST	
Frank Ingrassia Josephine (Unknown)	
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 17 INFORMANT ADDRESS 212-14-3654 Frank Ingrassia/3925 Colchester Rd/2	
11 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) (ARD(D - PULMONALY ARDET - 20 TO)	MATE INTERVAL
Conditions, if ony, which gove rise to immediate DUE TO, OR AS A CONSEQUENCE OF VENTILICALAR TACKTYCARDIA	
couse (a), stating the DIETO OR AS A CONSEQUENCE OF	
E underlying couse lost. CORPANIARY ARTERY DISTURE	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110) 1
190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200. IF YES, WERE FINDIN IN CERTIFYING CAUSES (YES	IGS USED
YES NOW YES IN CERTIFYING CAUSES O	OF DEATH?
216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)	,,,,
HOUR AM MONTH DAY YEAR	
21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION	
WHILE NOT WHILE AT WORK (I) (this hospital) oftended the deceased from	STATE
22a certify that (I) (this hospital) attended the deceased from 19 , to 19 , to	that (I) (we) la
sow the deceased alive an	
272. SIGNATURE DEGREE 122. DAILS	SIGNED
Obove, (I) (we) (did) (dighod) new the body after depth. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR	177
22d. PHYSICIAN'S NAME (TYPE OR PRINT) 220 ADDRESS	
SAI HIND JUSH 900 CATON AVE. BALTIMORE, MD. 2	21229
(SPECIFY) CITY OR TOWN COUNTY	STATE
Burial 05/10/79 Cedar Hill Cemetery Anne Arundel 40, Mar	v.l.and
20M 24 FUNERAL DIRECTOR ADDRESS 21223 250. DAM REV DOBY REGISTRO 256. RE	thresdy
7/78 Walters Funeral Home/Pratt & Stricker Streets	

18311-87 Bull to terrend the LANCE OF STATE OF STA

1101 E. North Ave.

March F/H

(VR A 15 (4))

FOR

REGISTRAR

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2b. HOUR

HOURS

12b. KIND OF BUSINESS OR

INDUSTRY

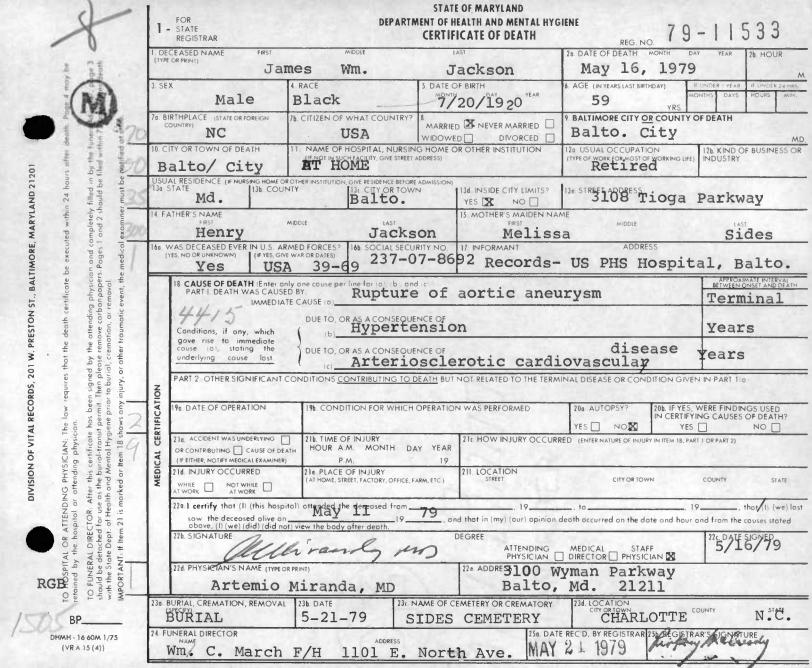
COUNTY

22c. DATE SIGNED

IF UNDER 24 HRS

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STATE



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remove cork na papers. P.

IMPORTANT: If Item 21 is morked or Item 18 shows any injury, or other troumotic event. should be detached for use os the burial-transit permit. Then please remove corbinal with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar em

STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-11535

20	100	REGISTRAR		CERTI	FICALE OF	DEATH	REG. N	0.) (1	000
7		CEASED NAME FIRST OR PRINT)	MIDDLE		LAST		2a. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
	(inc	Char1	es F	J	acobs			5	16 79	125 PM
	3 SEX		4 RACE		OF BIRTH		6. AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER 1 YEAR	
ed.	0	Male	White	Oct		1904	74 years	YRS.	MONTHS DAYS	HOURS MIN.
П	70. BIF	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHA	T COUNTRY? 8	EDXX-NEVER	AA A PRIED	9. BALTIMORE CITY O	R COUNT	Y OF DEATH	
35		larvland	U.S.A.	WIDOW		NORCED [Baltimore	City		MD.
=	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSE	PITAL, NURSING HOME	OR OTHER IN	STITUTION	120. USUAL OCCUPATI			OF BUSINESS OR
38	В	altimore			a1	die by	Painter	, would be	Unkn	
	USUA 13a. S	altimore AL RESIDENCE (IF NURSING HOME O TATE 113b. COU	ROTHER INSTITUTION, GIVE	RESIDENCE BEFORE ADMISSION	13d INSIDE	CITY LIMITS?	13e. STREET ADDRESS			
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Œ		Unknown		nknown	E	mma	WIDDLE		Ade	
1		VAS DECEASED EVER IN U.S. AL	RMED FORCES? 16b	SOCIAL SECURITY NO.	17. INFORM	TŅA	ADDRI	SS 21	230	
	- ('	NO NO		7-01-0342	Mrs.	Ruth R.	Jacobs, 19	16 Pa	rksley	Avenue
9		18 CAUSE OF DEATH (Enter o	nly one couse per line	for (a), (b), and (c).)					APPRO) BETWEEN	XIMATE INTERVAL
		PART I. DEATH WAS CAUSI	ED BY:	ancer of	Lun	٩		TO	1. 12	
		1627		A CONSEQUENCE OF	MESSE	1		NE SY		100
		Conditions, if ony, which	(b)	Stroke						
	gove rise to immediate couse (o), stating the DUETO, OR AS A CONSEQUENCE OF									
	11	underlying cause lost.	(c)							
		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTE	BUTING TO DEATH BU	T NOT RELATE	D TO THE TERM	INAL DISEASE OR CON	DITION G	IVEN IN PART 1	(0)
	CERTIFICATION					18 19 1				5-0-7-00
0	CAI	190. DATE OF OPERATION	19b. CONDITION	b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a AUTOPSY?		ES, WERE FIND	
7	RTIF						YES NO		YES 🗍	NO 🗆
2		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE	21b. TIME OF IN.	IURY MONTH DAY YEAR		NJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18,	, PART 1 OR PART 2)	
/	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER		19						9 10 7 3
	VED	21d. INJURY OCCURRED	21e. PLACE OF IN	ACTORY, OFFICE, FARM, ETC.)	21f LOCAT STREE		CITY OR TO	M	COUNTY	STATE
	~	WHILE NOT WHILE AT WORK			1,					
		22a. I certify that (1) (this has	110	79 m	2/8		_, 10	6	19_79,	, that (1) we last
		sow the deceased alive of obove, (I) (we)(did) (did)	ot) yrew the body ofter	deoth. 19, c		() (our) opinion o	death accurred on the d	ate and ha		
		22b. SIGNATURE	WII DA		DEGREE	ATTENDING	MEDICAL STA		22c. DATE	E SIGNED
		1/(Mille	A VV	(N)	PHYSICIAN [DIRECTOR PHYSIC		57	16/79
		22d. PHYSICIAN'S MAME (TYPE	OR PRINT)		22e. ADDRE	17				
		1. THI	LIPS		04	IV. Hor	PITAL			FERE
	23a. B	BURIAL, CREMATION, REMOVA	L 23b. DATE	23c. NAME OF			23d LOCATION		COUNTY	STATE
		Buria1	5/19/79	Crest1	Lawn Ce	metery	Howard			ryland
	24. FL	INERAL DIRECTOR		ADDRESS Balto.,	Md. 21	229 250 PATE	REC'D. BY REGISTRAR	25b. REGIS	STRAR'S SIGNA	TURE
		Hubbard Funer	al Home, In	c. 4107 Wil	kens A	ve.	1 1 0 13/3	pro	Afray/10	treody

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physician

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STATE OF MARYLAND

FOR

John B. Janellein, Br. May 14, 1979

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Jonaid W. Minter, M.D. 500- Syorgreen Ave. Beltisore, Md.

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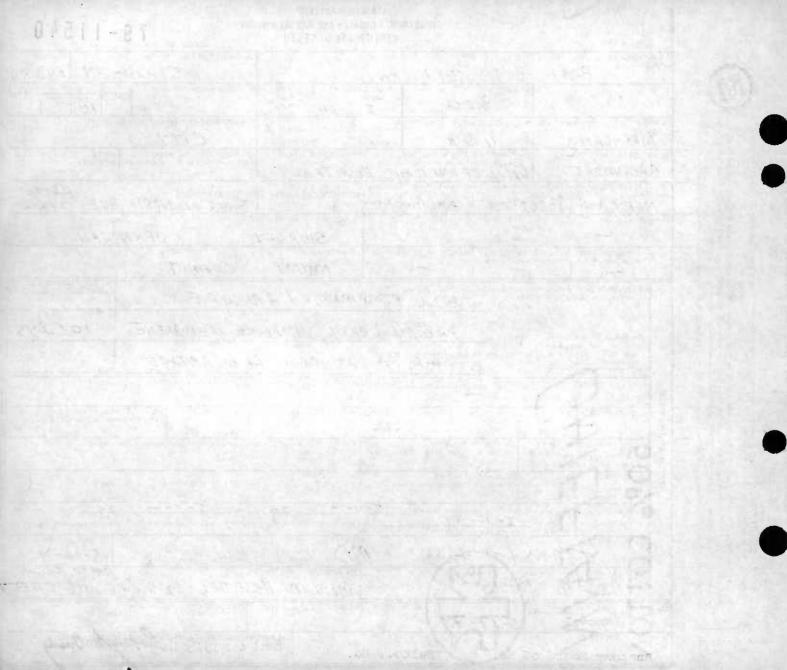
STATE OF MARYLAND 79-11537 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 20. DATE OF DEATH L DECEASED NAME 2b. HOUR (TYPE OR PRINT) 05 79 Clayton Theodore James 3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS Black YEARQ ? 56 Male MAtua. 029 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED - NEVER MARRIED Baltimore City South. Carolina U.S.A. 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR Baltimore " "S610 " Edge Wood Road COMPRES CEONERKING LIFE) INDUSTRY] f DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY Balleigwore 1 13d. INSIDE CITY LIMITS? 36TU APEGewood Road pino YES T ÷ 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Beatrice Albert James MIDDLE Planter ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT VEL NO OR UNKNOWN) 214-18-1227 Mrs. Ida W. James 3610 Edgewood Rd. WWIT 18 CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if any, which gave rise to immediate couse (o), stating the ar athe underlying couse Q. PART 2: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B OT RELATED TO THE TERMINAL DISEASE OF CONDITION Sign CERTIFICATION ony 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20s AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES [NO I ond Mentol Hygie 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) or Item 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) PM 21f LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK 220.1 certify that (1) Ithis haspital) attended the deceased from ur) apinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYSICIAN E DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS should b Elijah Saunders, M.D. 2300 Garrison Boulevard 23a. BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION 236 DATE STATE (SPECIFY Burial 5-26-79 Arbutus Mem. Park Baltimore County Md. 250. DATE REC'D, BY REGISTRAR 256 CGISTRAR'S SIGNATURE 24, FUNERAL DIRECTOR Herbert E. Nutter 3035000 North Ave. DHMH - 16 60M 1/75 (VRA 15 (4))

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IT AL R	00 = 5 4 5 /	CERTIFICATION	IVa. DATE OF	OPERATION	196. CONDIT	ION FOR WHICH OPE	RATION W	AS PERFORMED?					JTOPSY?	NO X
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DIVISIO	E, WRITING RWARDED PAGE 3 SH STATE DEPA	MEDICAL	21d INJURY O WHILE AT WORK	OCCURRED NOT WHILE E	STREET, FACTO	OF INJURY (AT HOME, ORY, FARM, ETC.)		CATION		CITY OR TOWN	C	OUNTY		STATE
•	TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE STI. A BALTIMORE, MARYLAND, 212		death result ACTUAL SIGNATURE	ed fram: Natur	ol couses X.	Accident , s	Autop	Homicide TITLE (SPECIF Assista	ant MED	Inquiry , ermined monner ICAL EXAMINER Street,	and in my o	5 VED5	/31/: D 212	
	TO ME EXECUT PAGE TO FUI AFTER BALTIM	23a. B	SPECIFY) _	NT)	3b. DATE	23c. NAME OF CE		ADDRESS		OCATION OR TOWN		ויו פי	D ZIZ	
0301	BP	24 E	Ke	moval	6/4/79			[25e D	ATE REC'D BY	REGISTRAR 25b.	REGISTRAD'S	SIGNATI	JRE · · · · · · ·	
	DHMH - 17 (VR A15 ME (5)) 15M 7/76	. 7. 4		my Board	ADDRESS	Balto., Md			IUN 8	1979	Pintre	hat.		

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1 DECEASED NAME MIDDLE LAST 20 DATE OF DEATH MONTH DAY 2b. HOUR (TYPE OR PRINT) MARY E. **JENNINGS** MAY 1979 4:02 4 RACE 3 SEX 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH YEAR HOURS Female Black 1918 YRS TO BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED COUNTRY U. S. A. BALTIMORE CITY Va. DIVORCED [WIDOWED IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR 12a. USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore THE JOHNS HOPKINS HOSPITAL USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a STATE 136 COUNTY Baltimore 13d. INSIDE CITY LIMITS? 1 2 04 McCubbins Ct. YES XX Md 4 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Bagby Bagby Marv Jersv 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) I IF YES, GIVE WAR OR DATEST Harry Jennings 1420 N. Broadway 219-30-845 NO 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ic).
PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) Conditions, if ony, which gove rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) NO 190 DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO [YES [210. ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 21c HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK 220 | certify that (1) (this hospital) attended the and that in (my) (our) opinion death accurred on the date and hour and from the causes stated saw the deceased alive on. above, (I) (we) (did) (did not) view the bady after death 226 SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSIC IAN DIRECTOR PHYSICIAN MPORTANT 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS ld b shoul with 230. BURIAL, CREMATION, REMOVAL 236. DATE 13c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Mt. Zion Church Cem. Red House, COUNTY Va". 5/19/79 Burial 24 FUNERAL DIRECTOR DHMH-16 20M ADDRESS (VRA 15, 4) 7/78 Wm. C. March F/H 1101 North Ave



Balto., Md.

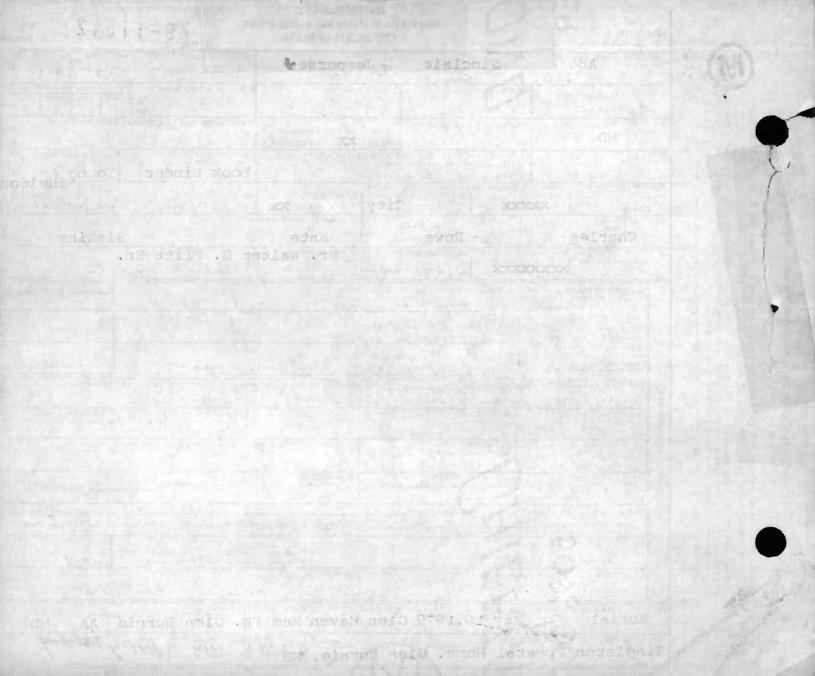
(VR A 15 (4))

Anatomy Board of Md.

STATE OF MARYLAND

1:011-01

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME Ada 2a. DATE OF DEATH YEAR 2b. HOUR Sinclair Jespersen (TYPE OR PRINT) les persen dA IF'UNDER 1 YEAR IF UNDER 24 HRS. 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) YEAR HOURS MONTH EMALE AUC. **BALTIMORE CITY OR COUNTY OF DEATH** 7a BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? COUNTRY) MARRIED NEVER MARRIED MD 1517 BALtimore WIDOWED DIVORCED [11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 17h. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADORESS) INDUSTRY filed 15,21 Book Binder Young timore Univert Md USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
130. CITY OR TOWN Sine Look 13g. STATE 13e STREET ADDRESS 13d INSIDE CITY LIMITS? 0 XXXXX NO XX 2601 Northshive MO 15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME C LAST MIDDLE FIRST MIDDLE Simkins ond Charles Rowe Kate 17 INM MANTWalter C. PTTE Sr. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO Poges (YES, NO OR UNKNOWN) I HE YES, GIVE WAR OR DATES! XXXXXXXX Mortin Rd. GlenBurne APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY MARLIO respirator AVIES. IMMEDIATE CAUSE (0)_ W. PRESTON ST DUE TO, OR AS A CONSEQUENCE OF 0005766c Sep815 Conditions, if pny, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost multiple myeloma INI de SpreAd 0 DIVISION OF VITAL RECORDS, 201 a PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 0 hypercalcemin, renal 20b. IF YES, WERE FINDINGS USED 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? 190 DATE OF OPERATION d IN CERTIFYING CAUSES OF DEATH? YES TO NO YES [NO IT tronsit 5 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH buriol-tr Mentol I Item MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 71f. LOCATION 21d IN JURY OCCURRED 21e PLACE OF INJURY 5 CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK AT WORK 5/4/79 220.1 certify that (1) (this haspital) attended the deceased from. hospitol DIRECTOR 5/6/79 sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove (1) (we) (did) (did not) view the body ofter death be detoched e State Dept 22c. DATE SIGNED 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF Should be detor MD PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e. ADDRESS 22d. PHYSICIAN'S NAME (TYPE OR PRINT) S. Greene ST 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL . 236, DATE Glen Haven Mem Pk. Glen Burial May Burnie MD BP 24. FUNERAL DIRECTOR COLLABOR 250. DATE REC'D. BY REGISTRAR 251. WAS IT AND S DHMH - 16 50M 7/77 Singleton Funeral Home, Glen Burnie, MMAY (VR A 15 (4))

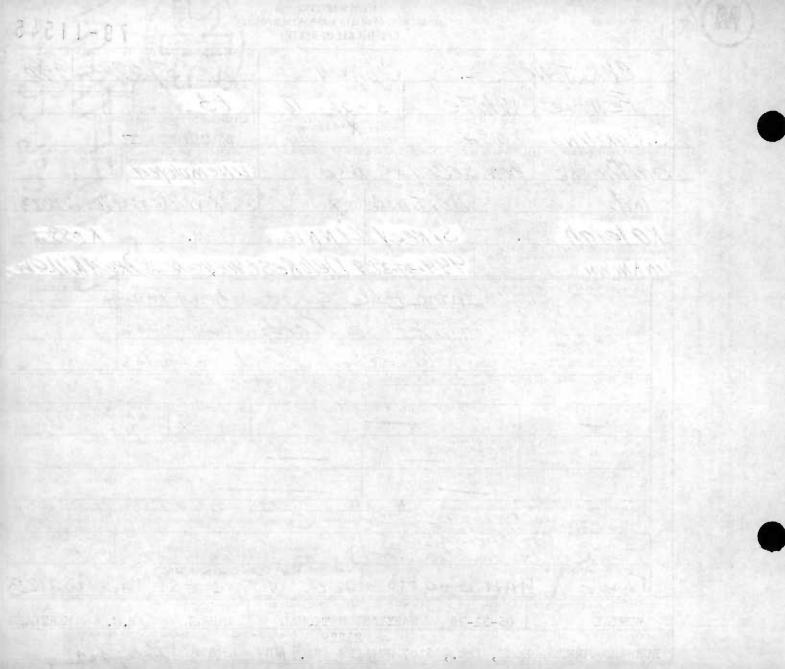


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Wm. March F/H 1101 E. North Ave.

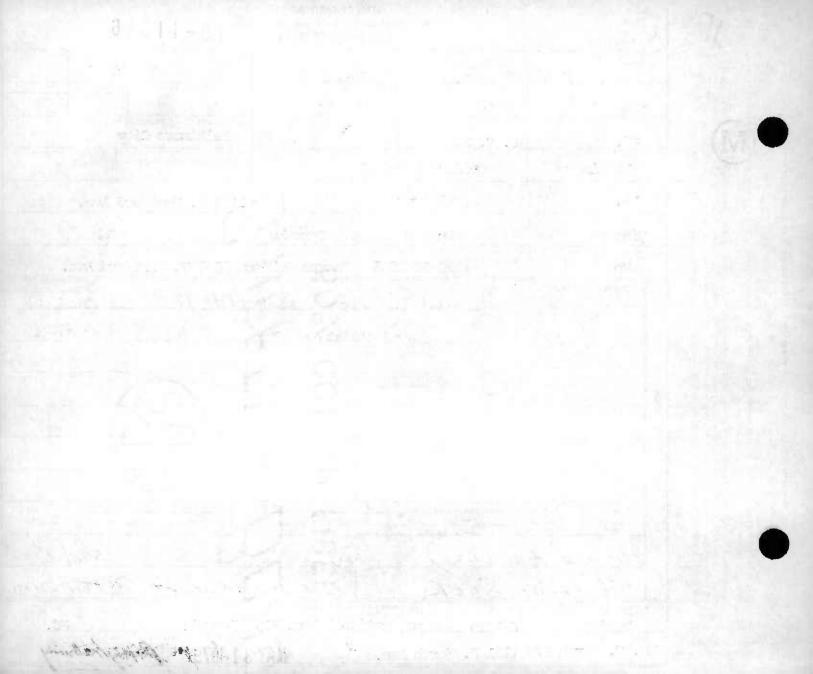
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-11546

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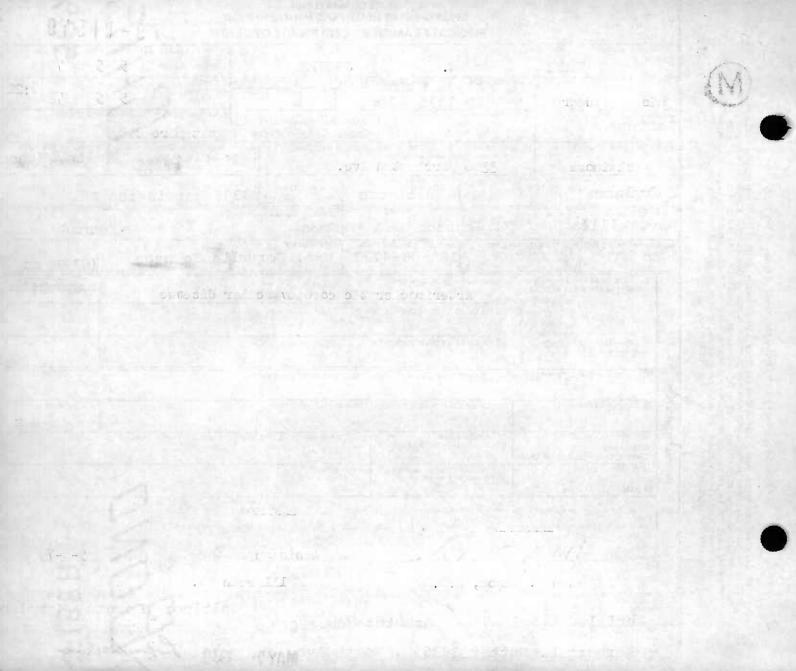
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STATE OF THE STATE OF THE STATE OF Labor Belleville

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME FIRST 2b. HOUR 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-HENRY C. JOHNSON DEATH MATED 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 4 RAGE DATE OF BIRTH . SEX DATE LAST BIRTHDAY) PRONOUNCED DEAD D M male 6-30 1915 63 YRS negro 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED Leximon, Ky. U.S.A. Baltimore City WIDOWED DIVORCED 126 KIND OF BUSINESS 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 3306 Barrington Ave. Baltimore JSUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 3306 Barrington Rd. 13d. INSIDE CITY LIMITS? NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Rev. William Johnson Emma Kennedy 166. SOCIAL SECURITY NO 17. INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 158-09-4723 Cordelia Johnson Mrs. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN CHANTAND DEATH PART I DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. 301 DIVISION OF VITAL RECORDS. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D. AUTOPSY? WARDED TO THE CHIE AGE 3 SHOULD BE USI TATE DEPARTMENT OF 1 YES NO X 21a. EXTERNAL CAUSE WAS 71b. TIME OF INIURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21f. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, NOT WHILE STREET STATE STREET, FACTORY, FARM, ETC.1 CITY OR TOWN COUNTY WHILE AT WORK AT WORK TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNEAL DIRECTOR: P. AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 217. Inspection X 220. I certify that I taak charge of the remains described above, held an Autapsy and in my apinian Natural causes X Accident Suicide Hamicide Undetermined manner TITLE (SPECIFY) 5-6-79 Assistant MEDICAL EXAMINER SIGNATURE Ann M. Dixon, M.D. 111 Penn St. TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY Bartimore County, Marylan Burial 5-10-79 REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **DHMH - 17** ADDRESS (VR A15 ME (5)) Herbert E. Nutter 3035 W. North Av 15M 7/76



death certificate be executed within 24 hours after

injury, ar other traumotic event, the

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFIC ATE OF DEATH

79-11550

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1. DECEA	ASED NAME FIRST	A	AIDDLE	L	AST		28. DATE OF DEATH		DAY	YEAR	26. HOUR			
(TIPE OR	HIL	TON			JOHNSON			5	7	79	9-10A M			
3. SEX	112.0	4 RACE		5. DATE C			6. AGE (IN YEARS LAST B	RTHOAY)	IF UNDE		IF UNDER 24 HRS			
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14 FATH	ER'S NAME FIRST	WIDDLE	LAST		15 MOTHER'S		ME			145	ī			
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	S DECEASED EVER IN U.S. AF	RMED FORCES?	166. SOCIAL SECU	RITY NO.	17. INFORMAN	41	ADD	RESS						
		II	259-14-0	0358	James	Woodi	ng 860 W	. Fay						
18	CAUSE OF DEATH (Enter o		line for (a), (b), and	lici.i					Bi	APPROXI	MATE INTERVAL			
	PART I. DEATH WAS CAUSI	TE CAUSE (D)	respin	atory	arrest					~ (ononthe			
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CERTIFICATION														
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I I							YES T NOT		YES 🗍	AUSES	OF DEATH?			
₩ 21	a. ACCIDENT WAS UNDERLYING			0 10-10	21c HOW (NJ	URY OCCURR	ED (ENTER NATURE OF IN	<u>, </u>		PART 2)				
	R CONTRIBUTING CAUSE OF DE	~	M. MONTH DA	Y YEAR										
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	sow the deceased office or above the eligible of		19	777		,	death accurred on the	date and h	our and fr					
77	5 SIGNATURE	view the body	ofter death.		DEGREE						SIGNED			
	1455	woe	MIS		A1	TENDING _	MEDICAL ST	AFF	1					
22	d. PHYSICIAN'S NAME (TYPE	On annia (T)			77e ADDRESS	HYSICIAN [DIRECTOR PHYS	ICIAN 🔠		3//	7/79			
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23a. BUR (SPEC					EMETERY OR C		23d. LOCATION CITY OR TOWN		COUNTY		STATE			
	Burial	5/13/	/9 M	t. M	ariah		Mc Gree			-	Ga.			
	ERAL DIRECTOR	_ /	1101 E.	37	-1- N	25a. DATE	REC'D. BY REGISTRA	R 256. RE	STRARSS	ALL	REAL			
V	Vm. C. Marc	h F/H	TIOT E.	Nor	tn Ave	· MA	X T 0 13/3	- June	1	-0.00	1			

DHMH-16 20M (VRA 15, 4) 7/78

TO FUNERAL DIRECTOR: After this certificate has been signed by the attent should be detached for use as the burial-transit permit. Then please remave as with the State Dept. of Health and Mental Hygiene prior to burial, cremation, a

IMPORTANT: If them 21 is marked ar them 18 shows any

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. MIDDLE 2a. DATE OF DEATH DECEASED NAME (TYPE OR PRINT) 0 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 3. SEX 4 RACE DATE OF BIRTH IF UNDER 1 YEAR MONTH YEAR DAYS HOURS 54 BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? 7a BIRTHPLACE ISTATE OR FOREIGN MARRIED NEVER MARRIED BALTIMORE CITY U. S. A. C. WIDOWED DIVORCED II. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12g. USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE, STREET ADDRESS)
Baltimore City Hospital (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY KALTIMORF USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e. STREET ADDRESS 1004 Rutland Ave. 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? pino Baltimore Md. YESXX 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Hall Johnson George Johnson Nancy ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 214-24-6964 A Isaac Johnson 1834 E. North Ave. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY ARDIOVASCULAR PRESTON ST., IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF verwiterming Conditions, if ony, which gove rise to immediate cause (a), stating underlying cause last ARDOMINAL PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a DIVISION OF VITAL RECORDS, BOWEL OBSTRUCTIONS CONDITION FOR WHICH OPERATION WAS PERFORMED 201- IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 18 DOMINAL ARSCESS NOF YES T NO F he burial-transit 710 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21f. LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY ò STREET CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE WHILE 22a.1 certify tho (1)(this hospital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove (1) (we) (did)(did not) view the body after death DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF should be detowith the State [DIRECTOR | PHYSICIAN PHYSICIAN | MPORTANT: 22e. ADDRESS 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE STATE (SPECIFY) 4/5/79 Cedar Hill Cemetery Burial Anne Arundel County, Md. 24 FUNERAL DIRECTOR 25g, DATE REC'D. BY REGISTRAR 25b, REGISTRAR'S SIGNATURE DHMH - 16 50M 7/77 (VR A 15 (4)) Wm. C. March F/H 1101 E. North Ave.

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	100	1001					
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	3. SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS					
	FEMALE	BLACK	2 22 23	56 YRS.	ONTHS OAYS	HOURS MIN					
	70 BIRTHPLACE STATE OF FOREIGN	75 CITIZEN OF WHAT COUNTRY?	8	9 BALTIMORE CITY OR COUNTY	OF DEATH						
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22d. PHYSICIAN'S NAME (TYPE OR PRINT)

22e ADDRESS 23

STAFF

Anne Arundel

MEDICAL

DIRECTOR

9,55€ 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL Burial 5/25/79 Mt. Calvary Cemetery

24 FUNERAL DIRECTOR

FOR

ADDRESS

25a. DATE REC'D. BY REGISTRAR 25b. REG

County

STATE

Md

BP. DHMH - 16 50M 1/76 (VR A 15 (4))

should be detached for use as the burial-transit permit. I with the State Dept. af Health and Mental Hygiene prior

certificate

PHYSICIAN:

ATTENDING

HOSPITAL

retained by the hospital TO FUNERAL DIRECTOR: morked or Item 18 shows

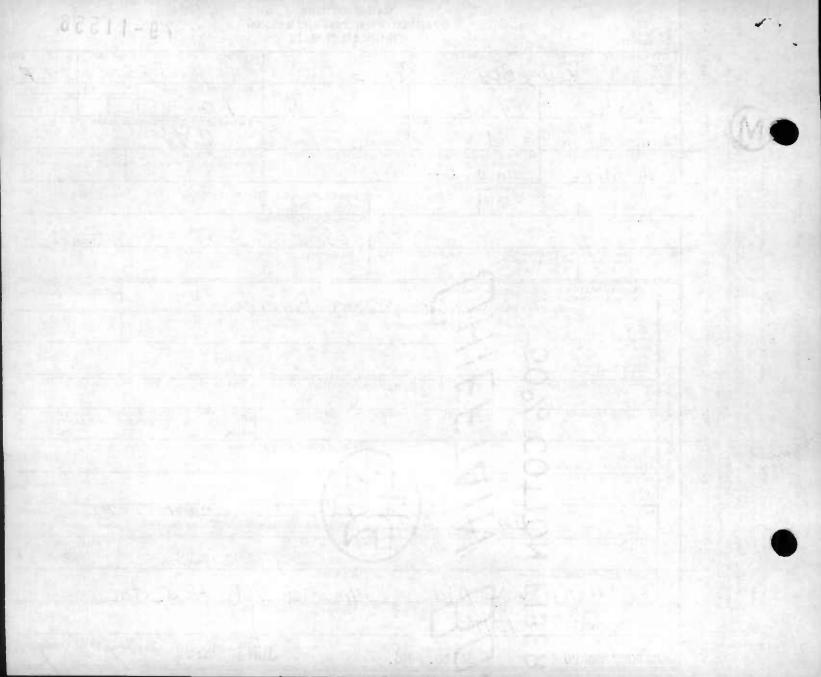
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MARCH F/H

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C. March F/H

1101 E. North Ave.

FOR

REGISTRAR

- STATE

DHMH-16 20M

(VRA 15, 4) 7/78

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2b. HOUR

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IF UNDER 24 HRS

THE STATE OF STATE OF STREET

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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST DECEASED NAME 2g DATE OF DEATH YEAR 2b HOUR TYPE OR PRINT 10 ne. 0 3. SEX 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH DAYS HOURS 1928 To. BIRTHPLACE 9. BALTIMORE CITY OR COUNTY OF DEATH STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY DIVORCED [WIDOWED TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS TYPE OF WORK FOR MOST OF WORKING LIFE Auto Mechania AMARITAN 40 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSHIG HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONAL 21220 13a STATE CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore Middle River YES To 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME C MIDDLE LAST MIDDLE 0 James Helen Jones Otto ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) Mary Jones, wife Same Yes APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1161 to bu CERTIFICATION V LC 20b. IF YES, WERE FINDINGS USED 19g DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? à IN CERTIFYING CAUSES OF DEATH? per YES X NOF NO YES [Hygi 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR s the burial-tra OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION morked or AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK 22a.1 certify that (1) (this haspital) attended the deceased fram sow the deceased alive on _, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not view the body ofter death DIREC Dept. 725 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING STAFF 4 MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS 22d. PHY ICIAN'S NAME (TYPE OR PRINT) ould be AKKF 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL 23b. DATE Burial 5-18-79 Holly Hill Cemetery Baltimore County, Maryland BP 25a DATE REC'D. BY REGISTRAR 25b. REC DHMH - 16 50M 1/76 PA 1407 Old Eastern Ave A (VR A 15 (4)) Funeral Home

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STATE OF INAUTORIES	STATE	OF	MARYLAND
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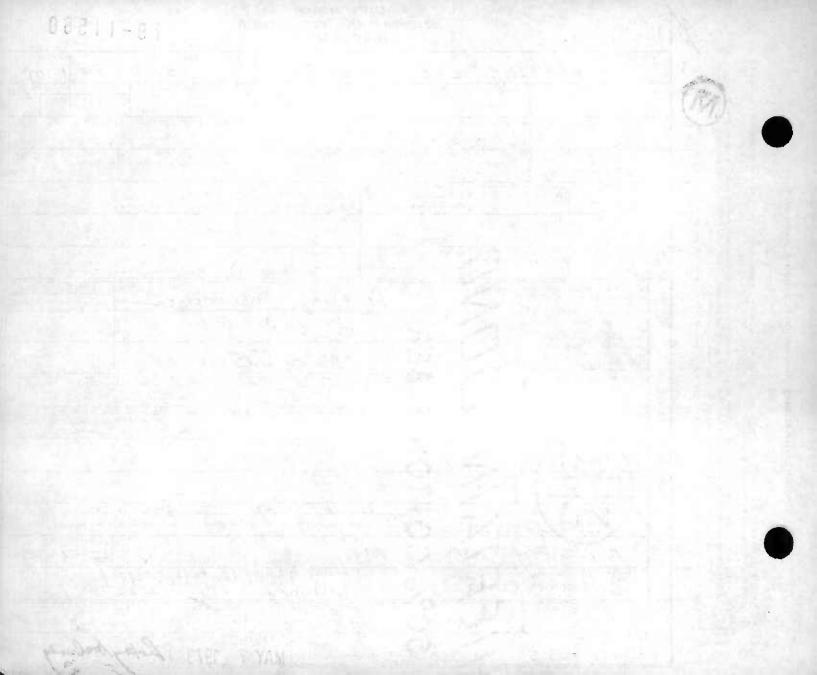
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230	Burial, Cremation, Removi				CITY OR TOWN	lle, Maryla	state				

DHMH - 16 50M 1/76 (VR A 15 (4))

MPORTANT: If Hem 21 is morked or Item 18 shows ony injury, or other troumotic event, the TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physics should be detached for use as the burial-transit permit. Then please remove carban papewith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

> 24. FUNERAL DIRECTOR C. March F/H 1101 East North Avenue

250. DATE REC'D. BY REGISTRAR 25b. RESISTRAR'S SIGNATURE



24 hours after death. Page

within

death certificate be

requires that the

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician. natified at once.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, possible detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be filled within 72 hours after dewith the State Dept. of Health and Mental Hygiene priar to burial, crematian, or remaval.

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other troumatic event, the medical

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIFICATE OF DEATH

REG	7	9	_	1	1	5	6	
REG	NO							

REGIS	REGISTRAR DECEASED NAME FIRST MIDDLE			CENTIF	ICATE OF L	EAIN	REG. NO.				
1. DECEASED (TYPE OR PRINT)			MIDDLE	L	AST		20. DATE OF DEATH	MONTH D	AY YEAR	26 HOUR	
	HELE	N	В.	JO	NES			5	11 79		
3. SEX	nutral Story	4 RACE		5. DATE O			6 AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HR	
Fe	male	Blac	ck	8	6	1904	74	YRS.	OI4IH3	1100kg Mile	
To BIRTHPLA	CE (STATE OR FOREIGN	TE CITIZEN OF	WHAT COUNTRY?	8 AAADDIET	NEVER /	AAPPIED 🗍	9 BALTIMORE CITY	OR COUNTY	OF DEATH		
	Md.	U.	S. A.	WIDOWE		VORCED [Baltimo	ore Ci	ity	٨	
10 CITY OR T	OWN OF DEATH		HOSPITAL, NURSII		R OTHER INST	ITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O			F BUSINESS C	
	imore	110	7 N. Ca	rolin	e St.						
USUAL RESID	DENCE (IF NURSING HOME OR		GIVE RESIDENCE BEFOR		13d. INSIDE C	ITY LIMITS?	13e STREET ADDRESS				
Md.			Baltim	ore	YESXX	NO 🗌		Caro]	line S	t.	
14 FATHER'S		NDDLE	LAST			MAIDEN NAM	AE MIODLE		LAS	т	
Will	iam		Winder		Magg				Bank	S	
	CEASED EVER IN U.S. ARA RUNKNOWN) (IF YES, GIVE	MED FORCES? WAR OR DATES)	166 SOCIAL SECU	JRITY NO.	17 INFORMA	NT	ADDR	ESS			
N	0		218-10	-2044	Glor	ia Lus	ter 1107	N. Ca	arolin		
18 CAL	USE OF DEATH (Enter onl	y one couse per	line f 201, (b), 95	dici	, ,	0 /	1		BETWEEN C	MATE INTERVAL ONSET AND DEATH	
	IMMEDIATE CAUSE OF ON THE VOST MECLECAL PUSTON										
14/	10-	DUE TO, O	R AS A CONSEQU	ENCE OF		2.1	11	,			
	Conditions, if any, which gove rise to immediate										
couse	couse (o), storing the DUETO OR AS A CONSEQUENCE OF MILLS RUMBER WITH A CONSEQUENCE OF MILLS RUMBER										
under	lying couse lost	(e)	enjose	non	1	We my	nary ook	4			
	OTHER SIGNIFICANT C	DNDITIONS SS	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERMI	NAL DISPASE OF CON	DITION GIVE	N IN PART TO	0.	
CERTIFICATION 21a VC	Comptive heart			ky					1		
S IN DA	TE OF OPERATION	196 COND	ITION FOR WHICH	OPERATION	WAS PERFO	RMED	20a AUTOPSY?	106. IF YES, IN CERTIFY	WERE FINDIN	OF DEATH?	
. E							YES NO	YES		NO 🗌	
	CIDENT WAS UNDERLYING THE	HOUR A.		AY YEAR	21c. HOW IN	JURY OCCURRI	ED (ENTER NATURE OF INJU	IRY IN ITEM 18, PA	RT 1 OR PART 2)		
O (IF EITHE	ER, NOTIFY MEDICAL EXAMINER)	P		19							
OR CON (IF EITHE 21d IN)	JURY OCCURRED NOT WHILE	21e. PLACE	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC.)	2)f LOCATIO	N	CITY OR TO	WN	COUNTY	STATE	
AT WORK	AT WORK				111		11/1	4			
	ertify that (I) (this haspiti	ol) ottended th	3/24		5/1/14	. 19	to _5/10/)	7 1	9,	that (ii) (we) lo	
ap	w the deceosed olive on a love, (1) (we) (did) (did not	view the body	after death.			(our) opinion d	eoth occurred on the d	ote and hour			
22b. SIC	GNATUSE)	101	/	4	DEGREE	TTENDING _	MEDICAL STA	FF A	22c. DATE	SIGNED	
	Maner	suns	-	1		PHYSICIAN 🗌			10/1	7/0	
77£ PH	AAA H	ONUL	/		22e ADDRES	11 .	. 1L ·	- 0 11	200	1	
	DAMPH IL TH	-11/11/			JOH	ns Hopk	ens 17501	RU G	JIM'R	raclisa	
(SPECIFY)	CREMATION, REMOVAL	23b. DATE			EMETERY OR (23d. LOCATION CITY OR TOWN		COUNTY	STATE	
	urial	5/16/	/79 1	Westv	iew M			sville	١,	Md.	
24 FUNERAL NAME			ADDRESS			25a. DATE	REC'D. BY REGISTRAR	25b. RESISTR	AR'S SIC SIAT	heady	
Wm.	C. March	F/H 1	101 E.	North	Ave.	MA	A T 2 13/2	1			

DHMH - 16 50M 1/76 (VR A 15 (4))

8 CONTRACTOR OF THE STATE OF THE

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must be notified of once.

IMPORTANT: If Item 21 is marked or Item 18 shows ony injury, or other troumatic event, the medical

FOR - STATE CERTIFICATE OF DEATH

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-11562

		REGISTRA								REG. N	O.			
13			IRST	٨	AIDDLE	L	AST		2	a DATE OF DEATH	MONTH	DAY YEAR	2b. HO	UR
		OR PRINT)	2200						VC 1	May. 2	00 7	1979	1/.	13
	П	elen L. Jo	ones					1				-717	6	A. M
27	3. SEX	(RACE					6.	AGE (IN YEARS LAST BIRT	(PADAY)	IF UNGER 1 YEAR		R 24 HRS	
	3	Female	1	White		MONTH	6/8	3//22 YEAR		56		MONTHS DAYS	HOURS	MIN.
ш							07.	77			YRS.			
0	7a. BII	RTHPLACE (STATE OR FOREK	GN 76		WHAT COUNTR	RY? 8	O NE	ER MARRIED	9.	BALTIMORE CITY	R COUNT	Y OF DEATH		
1		Md.	200	USA				DIVORCED	5	Baltimor	a Ci	tw		
-	10 CI	TY OR TOWN OF DEATH	3 1	L NAME OF L	LOCAL AUD	WIDOWE			$\overline{}$			- V		MD.
	B		1			SING HOME C		INSTITUTION		20. USUAL OCCUPATI		126. KIND		IESS OR
	70	altimore	1	Su. A	ignes 1	#6861t	aT			TYPE OF WORK FOR MOST C	al	LIFE) INDUSTRY	ice	
	USUA	AL RESIDENCE (IF NURSING	HOME OF O	THER INSTITUTION	GIVE RESIDENCE BE	FORE ADMISSION)		1						
1	130. S	TATE 13t	COUNT'	Y	13c. CITY OR TO	OWN		DE CITY LIMITS	? 13	e STREET ADDRESS				
8		Md.	Bal	to.	Caton	sville	YES [NO 🔣		325 Sma	all C	t.		
	14. FA	THER'S NAME	AN AL	3000			15. MOT	HER'S MAIDEN	NAME					
20		TIA FIRST		DDLE	LAST			FIRST		WIOOLE			AST	
44		Victor La	ance	a.			- 1	laria				Moldor	Jan	
4	16a. W	AS DECEASED EVER IN			166 SOCIAL SE	CURITY NO.	17 INFO	RMANT		ADDRE	SS	13.0 - LU		
ZII	(Y	ES. NO OR UNKNOWN) (IF	FYES, GIVE W	'AR OR DATES)	216-1	4-0525	S.	LOWS W	270	entino 31	11 TATE	nitfie:	12 0	2
-					210-1	1-072		Deve v	O. T.	TI OTHO 71	AAT			
		18 CAUSE OF DEATH	Enter only	one cause per	line for (a), (b),	ond (c).)		7-5-1	100		-635-5	BETWEE	MATE INT	D OEATH
		PART I. DEATH WAS	CAUSED	BY:	1	1 00	211	-	n	20 1-01-	200	>		
		1771/5 IM	MEDIATE	CAUSE (o)	(9	1	~ , _		11	THE PER	X, / \			
		1/17		DUE TO, OF	AS A CONSEC	QUENCE OF						1 1 1 1 1		
		Conditions, if ony, w	hich	(the										
-		gove rise to immed	liote	(b)			_		-					
	1	couse (o), storing the DUE TO, OR AS A CONSEQUENCE OF												
		underlying couse	last.	((c)										
-		PART 2. OTHER SIGNIFI	ICANT CO	NDITIONS CO	NTRIBUTING T	O DEATH BUT	NOT REL	ATED TO THE TE	FRAIN	AL DISEASE OF CON	DITION G	IVEN IN PART 1	(0)	
	z	The state of the s		110110110	JI VI KIBOTI TO I	DEXIII DO	NOT KEE	ALD TO THE TE	CIC/VIII V.	AL DISEASE ON COIL	DITION	IVERVIEW IN LAKE	107	
	CERTIFICATION			-							T			
	V	19a DATE OF OPERATIO	N	196. CONDI	TION FOR WHI	ICH OPERATIO	N WAS PI	RFORMED		200 AUTOPSY?		ES, WERE FIND IFYING CAUSE		
1	正									YES NOT		ES []	NO I	
	ER	210. ACCIDENT WAS UNDERL	VING 🗖	21b. TIME O	EINITIDY		214 HO	A/ INTUINY OCC	CLIBBEE	(ENTER NATURE OF INJUI			110	
3		OR CONTRIBUTING CAUS		110110 4 4	W. MONTH	DAY YEAR	211.110	AN HADOKI OCC	CORKEL	J (ENTER NATURE OF INJUI	RY IN HEM 18,	PARE I OR PARE 2)		
1	A	(IF EITHER, NOTIFY MEDICALE)		P./		19								
	MEDICAL	71d. INJURY OCCURRED		21e. PLACE C			21f. LOC	ATION						
	3	WHILE NOT WHILE		(AT HOME, STR	EET, FACTORY, OFFI	CE, FARM, ETC.)		REET		CITY OR TO	NN	COUNTY		STATE
		AT WORK										-		
		220.1 certify that (I) (thi	is hospital) ottended the	deceased from	m 5 15	1	1070	9	to 7)	5/	10 79	, that (l)	(we) lost
		saw the deceased o		= 12	0	eng - 6	d that in	(my) (our) opini	ion dos	oth occurred an the d	ato and be	A A A		, ,
		obove, (I) (we) (did)	(did not)	view the body		, 011	u mor m	(my) (our) opini	non dec	oni occorred dir me di	ore and na	or one from the	e cooses s	latea
		226. SIGNATURE	1-84	1			DEGREE					22c. DAT	ESIGNED	3
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_		Iwyan	1/	coy v	O-CR.	1 1	1/		<u>и П г</u>	DIRECTOR PHYSIC	IAN	1> /	11.	-/
		22d. PHYSICIAN'S NAME	E (TYPE OR PI	RINT)	. (A) n		72e. ADI	ORESS 01 AD	11	-10. Rai	Livi	or CAS P	76 2	11329
		MUYAN	1	1980	2)1(1)		31	agro	10	-1 DW	(I he	28 (1111	0	/ca/
	22- 0	UDIAL CREATION OF		501 DATE	Lai	NAME OF S	EMEXED:	00.605	-	Tary to Carlos:				
		URIAL, CREMATION, REA		23b. DATE		SC NAME OF C	EWELFKA	OR CREMATOR	KY	23d. LOCATION CITY OR TOWN		COUNTY	5	TATE
		Burial		6-1-	79	Baltim	ore	Nation	nal	Balto.				Md.
	24. FL	INERAL DIRECTOR		,		1211	0	25a. [DATE R	REC'D. BY REGISTRAR	25b. R5-015	TRAR'S SIGNA		
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DHMH - 16 50M 7/77 (VR A 15 (4))

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							STATI	OF MARYLAND			
5	1		1	FOR		DEPAR	MENT OF H	EALTH AND MENTAL HY	GIENE 7 C	-11565	-
	15	14.01	1	STATE REGISTRAR			CERTIF	CATE OF DEATH	050	-11100)
	1.1			CEASED NAME FIRST	-	MIDDLE	L.	NST	20. DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
e o	0 to	1	(TYPE	OR PRINT)			_		Man 22 3	070	4 705 11
Joy	poge r deot		3. SE:	<u>Margare</u>	4 RACE		5 DATE O	PES E BIRTH	May 23, 1	1979 IF UNDER 1 YE	A - 10A M
4			1	FEMOLE	BIN	12	MONTH	DAY YEAR	172	MONTHS DA	
900	(10)		Zo. Bl	RTHPLACE (STATE OR FOREIGN	76 CITIZENI OF	WHAT COUNTRY	2 8	E 5,1405	O BALTIMORE CITY	YRS. OR COUNTY OF DEATH	
毛	125	oud C	10	OUNTRY)	II. CHIZENOI	L 1	MARRIE	NEVER MARRIED			54006
de	fund Third	0	10 (TICCOLON OF DEATH	II NAME OF	U. H.		DIVORCED	Baltimore		MD. D OF BUSINESS OR
ffe	d he	10 F			(IF NOT IN SU	ICH FACILITY, GIVE STREE	T ADDRESS)		(TYPE OF WORK FOR MOST		
201	in by the filed	27		ALTIMORE ALRESIDENCE (IF NURSING HOME OR		nd Genera		pital	UNEMPLE	400	
0 2 1	filled in	25.7	130 5	STATE 13b COUN	TY OTHER INSTITUTION	13 GITY OR TO	WN	134 INSIDE CITY LIMITS?	13e STREET ADDRESS	2 2 - 1	
AN C	ly fill.	E 25	N	AKYCANU		BALTI	MORE	YES NO	1005 K	RANTLY	AVENUE
RYL with	d 2 s	ě-,	14. FA	THER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	AME MIDDLE		LAST
M M	and a	0 × 6		JAMES		COLS	TON	MILL	IE A	- SPETI	CER
ORE,	and co	medical		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDR	ESS	1 A/A
BALTIMOR		ae l		NO.				MRS. S.USI	E HILBUR	N 846	HARLEM
SALT ore b	U 0	the .		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one couse pe	er line for (a), (b), a	nd c			APPE BETWE	ROXIMATE INTERVAL EN ONSET AND DEATH
: =	4 5 5	event,			D BY	Congesti	re Hear	t Failure		Section 1981	
N ST	nding carba	130	-	4501		DR AS A CONSEQU	IENICE OF				
PRESTON he death of	ve co	o u	11/34	Canditians, if ony, which	DUE 10, C	OR AS A CONSEQU	JENCE OF				
PRE d	emo mot	110		gove rise to immediate cause (a), stating the	10)			205			
3 4	by fl	othe		underlying cause lost.	DUE TO, C	OR AS A CONSEO	JENCE OF				
201 es the	pleo	,0		PART 2. OTHER SIGNIFICANT O	CONDITIONS	CNITRIBUTING TO	DEATH BUT	NOT PELATED TO THE TEDA	AINIAI DISEASS OR CON	DITION CIVEN IN BART	
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low require	sign hen to b	lory	N	THAN 2. OTTER STOTAL TEATH	A Description	and the same of the		NOT RELATED TO THE TERM	WIINAL DISEASE OR COL	DITION GIVEN IN PART	114
00 5	been mit]	<u></u>	ATI	190 DATE OF OPERATION	19h CONE	Renal Fa:	H OPERATION	WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIN	DINGS USED
A O	e o os	S >	CERTIFICATION							IN CERTIFYING CAUS	SES OF DEATH?
TAI		oks —	ERT	210. ACCIDENT WAS UNDERLYING	7 216. TIME (OF IN ILIRY		21c. HOW INJURY OCCUR	YES NO	YES	NO 🗆
Y A	Physical Property of H	8 9		OR CONTRIBUTING CAUSE OF DEA		.M. MONTH	DAY YEAR	The flow in sour occor	THE TENTER INVIORE OF INJU	INT IN TEM 18. PART OR PART	1)
Sic Sic		Her	S C	(IF EITHER, NOTIFY MEDICAL EXAMINER)		.M.	19	ALL LOCATION		1975 - 198-	
SIO PHI		o p	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE	(AT HOME, ST	OF INJURY TREET, FACTORY, OFFICE	FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN COUNTY	STATE
2 0 2	os t th o	norked		AT WORK AT WORK							
Q Z	R. A.	15 H	200	22a. I certify that $m{X}$ (this haspi	tal) attended th	he deceosed from	May 1	. 19 79	to May 23	19_79	_, that X () (we) last
ATT A	CTO To Te	17.0	20	saw the deceosed alive an above, X (we)(did) XXX	may 23	y after death.	/9 , on	d that in (X y) (aur) opinion	death occurred an the d	ote and hour and from t	he couses stoted
S 4	DIRE DIRE Dept.	i e		226. SIGNATURE	1 4.0	1		EGREE			ATE SIGNED
I A	te et l		- 1	M. Tahad	1 Kingto	25~	M. Q.	ATTENDING PHYSICIAN [MEDICAL STA	CIAN D	7/23/79
SPIT	FUNERAL	A	1	22d. PHY SICIAN'S NAME (TYPE O	R PRINT)	8-14-1	Times	22e ADDRESS			
Đ.	TO FUNE;	MPOKIAN		Mildred Ki	nahorn	M D		c/o Marylan	d General u	osnital	
18128	Sh Sh	2	23a B	URIAL CREMATION, REMOVAL			NAME OF CI	METERY OR CREMATORY	23d. LOCATION		
B	P		(:	BUPIAL	5-2	6-79 N	10. 11.	OTOL PARK	1 CITY OR TOWN	2. mary	1 ONIS
	16 60M 1/75		24 FL	INERAL DIRECTOR		1 1 1	171	250. DA	TE REC'D. BY REGISTRAR	75b. REGISTRAR'S SIGN	ATURE
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EVEL ED TRIE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-11567

	1-	FOR STATE REGISTRAR				EALTH AND	MENTAL HYGI DEATH	IENE REG.	7 C	3-115	67
	(TYPE		DE	NIDDLE	7	SHE	2	26. DATE OF DEATH	month 2	DAY YEAR	26. HOUR 980 M
ij	3. SE)	F	4. RACE		5 DATE C	DAY	1 8 9 7	6 AGE (IN YEARS LAST E	YRS.	MONTHS DAYS	HOURS MIN.
1		RTHPLACE (STATE OR FOREIGN DUNTRY) MARYLAND		of A	MARRIE WIDOWE		MARRIED	9 BALTIMORE CITY	<u>OR</u> COUNT		MD.
13		BALTIMORE	(IF NOT IN SUCI	NAI HOSP	ITAL (128 USUAL OCCUPA (TYPE OF WORK FOR MOS	TION	12b. KIND OI INDUSTRY	BUSINESS OR
36	13a. S	AL RESIDENCE (IF NURSING HOME O TATE 13b COUL MARYLAND		GIVE RESIDENCE BEFORE 136. CITY OR TOW BALTIMO	N	YES X	CITY LIMITS?		TA VA	ENVE 21	209
0	14. FA	ALONZO	MIDDLE	JORDAI	N	IS. MOTHER	FIRST MARY	MIDDLE		CART	ER
/	16s W	VAS DECEASED EVER IN U.S. AF ES, NO OR UNDOWN) (IF YES, GIV	MED FORCES? E WAR OR DATES)	213 50 2	752	MR.		W. JONES	2017	KELLY AV	ENVE
	NC	Canditions, if any, which gave rise to immediate couse (o), stating the underlying cause last	(b)	R AS A CONSEQUE	NCE OF	NOT RELATE	D TO THE TERMI	INAL DISEASE OR CC	NDITION G	IVEN IN PART 1(o)
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERF	ORMED	206. AUTOPSY?	IN CERT	ES, WERE FINDIN	
9	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A./	A. MONTH DA	Y YEAR			ED JENTER NATURE OF IN	JURY IN ITEM 18	, PART 1 OR PART 2)	
	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE C (AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC.]	21f LOCAT STREE	ION	CITY OR I	OWN	COUNTY	STATE
		22a. I certify that (I) (this hasp saw the deceased alive ar above, (I) (we) (did) (elider 22b. SIGNATURE	5	- /26 19 T	,	DEGREE	/) (aur) apinion d	, to	date and ha		
/		22d. PHYSICIAN'S NAME (TYPE OF ROBERT	A COM	m hras	ks /	NO 220. ADDRE Siv	55	MEDICAL ST DIRECTOR PHYS	1	5/2	4/19
	(5	URIAL, CREMATION, REMOVAL BURIAL JNERAL DIRECTOR	23b. DATE 5/31/				CREMATORY PARK 1250, DATE	23d LOCATION CITY OR TOWN LAUREL REC'D. BY REGISTRA		CE GEO.)	STATE MD.

DHMH-16 50M 7/77 (VR A 15 (4))

LEWIS T. GWYNN 4517 PARK HEIGHTS AVENUE

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. JOHNS SOLY KELLY AVENUE	WA. CHARLES	213 5 275	OH
. SCAIRS FOR KELLY AVEINT	NA. CHAMLS	213 5 2752	
THE SOLVE SILVE	NA. CHANGES	213 5: 2752	

BUREAL 5/31/79 MD. NAT. MEM. PARK LAUSEL (PRINCE CEO.) MD. LEWIS T. GATHA AST PARK HEIGHTS AVENUE FAY 2 3 1973 FOR A CHARGE

Wm. C. March F/H

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REG I	NO						

	argaret	JOYCE	20. DATE OF DEATH		26. HOUR
4 RACE		DATE OF BIRTH	6. AGE (IN YEARS LAST	BIRTHDAY) IF UNDER 1 YE MONTHS OA	
White		May 21, 1914		YRS.	
		MARRIED A NEVER MARRIE	D BALTIMORE CITY	OR COUNTY OF DEATH	
d U.S		IDO WED DIVORCE			OF BUSINES
Union	ch facility, give street abort Memorial	Hospital	(TYPE OF WORK FOR MOS Homem	TOE WORKING LIFE) INDUSTI	RY = = =
ing home or other institution 131 COUNTY Balto.	13c CITY OR TOWN Timonium	1 YES NO	105 Was	s hington Stre	et 2109
Henry	Naylo	or Edith	EN NAME MIDDLE	Mer	ryman
IN U.S. ARMED FORCES?	16b. SOCIAL SECURITY			PRESS	
	Unknown	Mr, Fra	nKR. Joyce 1	05 Washingt	on Str
lost. (c)	ONTRIBUTING TO DEA	TH BUT NOT RELATED TO TH	E TERMINAL DISEASE OR CO	ONDITION GIVEN IN PART	1(01
TION 196 COND	DITION FOR WHICH OP	ERATION WAS PERFORMED	20a AUTOPSY? YES □ NO [2]	206. IF YES, WERE FIN IN CERTIFYING CAUS YES	
CAUSE OF DEATH		YEAR 19	OCCURRED (ENTER NATURE OF IN	JURY IN ITEM 18, PART 1 OR PART 2	2)
RED 21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, FARM,	, ETC.) 211 LOCATION STREET	CITY OR	IOWN COUNTY	STAT
e(this hospital) attended the ed alive on did) (dd and) view the body	-1-1 30		pinion death occurred on the		
han natt	· frigh	DEGREE ATTEND	ING MEDICAL ST	TAFF _ 5	TE SIGNED
AME (TYPE OR PRINT) NA TH	(INGH			ial Horger	Fal
REMOVAL 236. DATE May		Black Rock C	eme. Butler		STATE
R	EMOVAL 23b DATE May	EMOVAL 736 PATE 736 NAM May 11, 1979	May 11, 1979 Black Rock C	May 11, 1979 Black Rock Ceme. Butler	EMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION

BP. DHMH-16 50M 7/77 (VR A 15 (4))

retained by the hospital or attending physician. OR ATTENDING

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 20. DATE OF DEATH 2b. HOUR I. DECEASED NAME (TYPE OR PRINT) Isabelle JUNKINS Janette 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 5. DATE OF BIRTH 3 SEX MONTH YEAR__ BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? BIRTHPLACE ISTATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY WIDOWED DIVORCED | 12b. KIND OF BUSINESS OR 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY NOT IN SUCH FACILITY, GIVE STREET ADDRESS Housewife Home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 131 COUNTY 132 CITY OP TOWN 13e. STREET ADDRESS ly filled should b Hampshire YES V Komme 15. MOTHER'S MAIDEN NAME 4. FATHER'S NAME MIDDLE MIDDLE ADDRESS WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT (IF YES, GIVE WAR OR DATES) 579-52-6410 Ralph C. Junkins Romney. West Virgini No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: pope IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. MRTZSTATI THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED DIVISION OF VITAL RECORDS, IFICATION 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? Ascites 20 me NOF YES [entol Hygi 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) ACCIDENT WAS UNDERLYING 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21f. LOCATION 21e PLACE OF INJURY \$ 21d. INJURY OCCURRED CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a I certify that (I) (this hospital) attended the deceased from, , and that in (my) (our) opinion death occurred on the date and hour and fram the causes stated saw the deceased alive on. abave, (I) (we) (did) (did not) view the bady after death 22c. DATE SIGNED DEGREE ATTENDING MEDICAL STAFF should be detor PHYSICIAN DIRECTOR PHYSICIAN MPORTANT NAME (TYPE OF PRINT) 22e. ADDRESS 23d, LOCATION 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL COUNTY Burial Bayrd Cemetery Bayrd, West Virginia BP 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE BANKY 7 1070 24. FUNERAL DIRECTOR DHMH - 16 50M 7/77 ADDRESS (VR-A 15 (4)) William E. Johnson 8521 Loch Raven Blvd

But there is a state of the sta Water Butter of the Assessment of the State Commence of the Commence of th Mary at the state of the TAY Credic & Will David of the Eliza Sall and Animal toer broken verteral bares 27' 72 ga h - Indian Alliam S. Colmon 1821 Lost Remember 1944